

BUCKINGHAMSHIRE

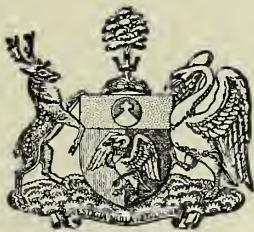


THE HEALTH OF THE COMMUNITY

1973



BUCKINGHAMSHIRE COUNTY COUNCIL



ANNUAL REPORTS

OF THE

**COUNTY MEDICAL OFFICER
OF HEALTH**

AND

**PRINCIPAL SCHOOL
MEDICAL OFFICER**

FOR THE YEAR

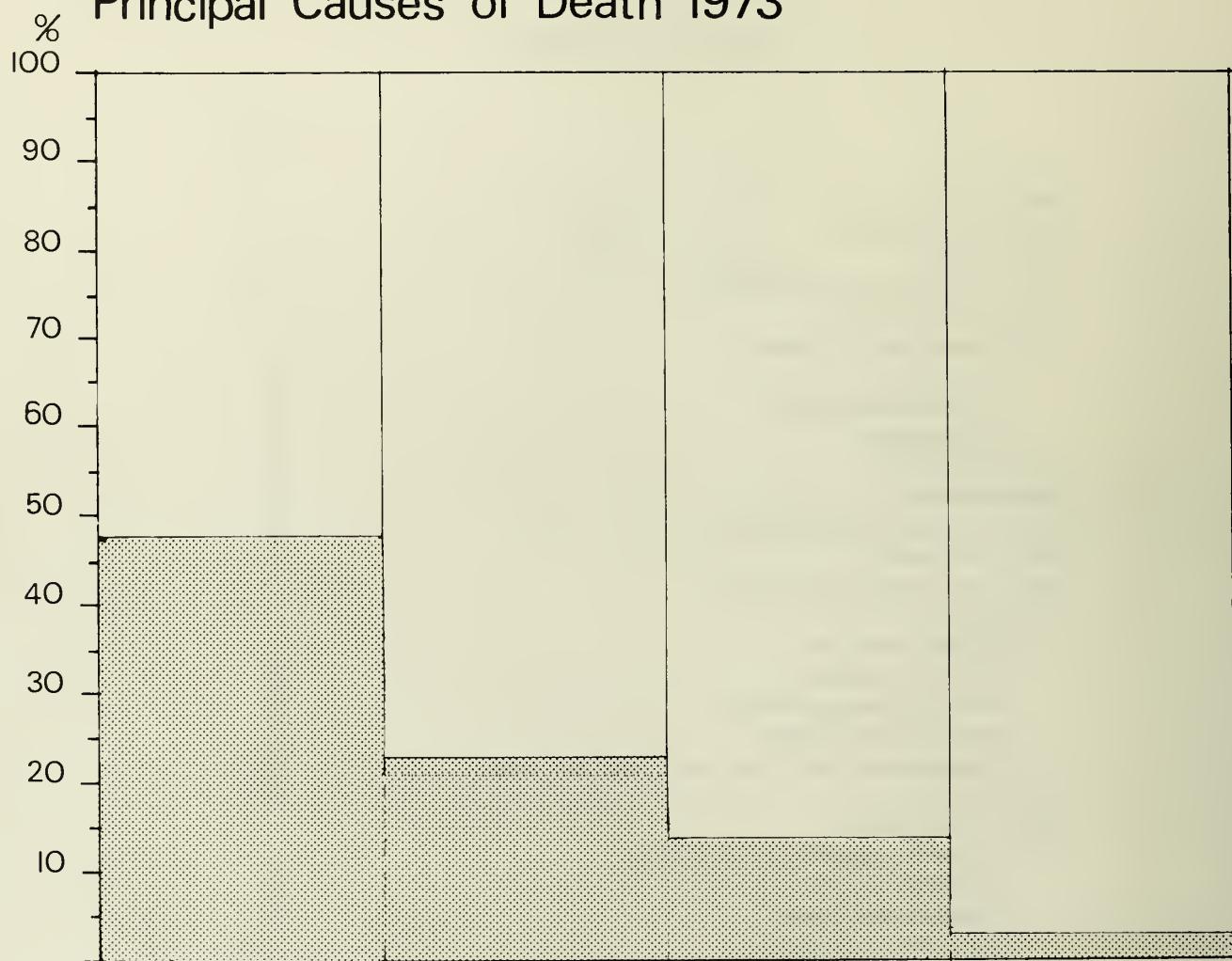
1973



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Principal Causes of Death 1973



CARDIOVASCULAR DISEASE

Total 2554

Percentage 47.7

MALIGNANT DISEASE

Total 1218

Percentage 22.7

RESPIRATORY DISEASE

Total 752

Percentage 14.0

ACCIDENTS
(including motor vehicle accidents)

Total 153

Percentage 2.8

BUCKINGHAMSHIRE COUNTY COUNCIL

September 1974

To the Chairman and Members of Buckinghamshire County Council

MR. CHAIRMAN, MY LORD, LADIES AND GENTLEMEN,

I have the honour to present my report for 1973 which, in view of the reorganisation of Local Government and of the National Health Service, will be the last of a series of annual reports presented by the County Medical Officer of Health and Principal School Medical Officer for Buckinghamshire since 1908. Members will appreciate that the production of a report for 1973 has posed greater difficulties than usual. These have been mainly associated with the increased and changing demands which reorganisation has placed upon individual contributors. In addition, the vital statistics for 1973, which form an important part of the report, were not available from the Office of Population, Censuses and Surveys until May of this year, so that preparation could not really begin until after the appointed day for reorganisation.

Because it was clear when preparing the 1972 report that there were likely to be considerable difficulties in producing the annual report for 1973, last year's report contained full details of the aims of the various services provided by the local health authority and outlined their development since the formation of the National Health Service in 1948. In contrast, this report is limited to comments on developments and problems within the various local authority health services during the year under review.

Health of the community

The estimated mid-year population of the county was 604,460, an increase of 6,170 over the previous year. The continuing steady rise in population is one of the main reasons for the increase in demand for the services of the health department, details of which are found throughout the report.

In contrast, the birth rate continued to fall, and the rate for 1973 in Buckinghamshire was 14.6 per 1,000. This trend is in keeping with a parallel fall in the national birth rate which was 13.7 per 1,000, and both figures represent a reduction of over 25% in the birth rate during the past ten years.

There was a slight rise in the infant mortality rate and the perinatal mortality rate in 1973, the statistics for the previous year having equalled the lowest ever recorded in the county. Two-thirds of the infant deaths during the first year occurred in the first month of life and one-third in the first 24 hours. Further attempts to improve the position must therefore concentrate especially on the ante-natal and immediate post-natal period.

The total number of deaths in the county decreased slightly and resulted in a fall in the crude death rate to 8.9 per 1,000. The main causes of death remained the same, though it is pleasing to note that there was a reduction of over 100 in the number of deaths from cardiovascular disease and of 42 in deaths from all types of accidents. The histogram on page 2 illustrates clearly the nature and extent of some of the health problems which confront us. Today's major diseases are the result of a variety of factors, many of which are associated with our present pattern of life. The greatest challenge for health education and for all those interested in the prevention of disease is to acquaint people with these factors in such a way that they are motivated to avoid the known dangers in order to enjoy healthier, happier and longer lives.

Development of services

Although there has naturally been a preoccupation with preparation for reorganisation of the health service, this has not been allowed to interfere with a number of desirable developments in the services for which the local authority was responsible until 1st April 1974. Details of these, together with the problems being encountered in many of the services, particularly because of difficulty in recruiting staff, are outlined in the body of the report.

During 1973 health centres at Wendover and Newport Pagnell came into service and at the time of writing these introductory comments the temporary health centre at Woughton and the permanent health centre at Stony Stratford, both serving the incoming population in Milton Keynes, have been opened. The former will serve the Woughton area of Milton Keynes until the permanent centre on the hospital site, due to commence building in the near future, is completed. The temporary centre will then be used in another part of the new city. The completion of the Stony Stratford centre represents a mile-stone in health service planning for Milton Keynes. This is the first of the larger health centres in the new city and will provide comprehensive primary care, together with a range of consultant clinics and physiotherapy and x-ray facilities. The centre should provide an excellent practical opportunity for full integration of health services.

The health department, in conjunction with the Executive Council and the general practitioners in the county, has established a comprehensive health centre development programme. This has taken a number of years to gain momentum and it was extremely unfortunate that in the middle of 1973 and at short notice, the Department of Health and Social Security had to indicate to local health authorities that the proposed level of health centre development could not be financed. This was, of course, a reflection of the general economic situation, including inflation, but it has severe repercussions for hopes of achieving progress towards the national and successful policy of health centre development. In Buckinghamshire it means that firm proposals to start at least eight health centres have been delayed at present for an indefinite period and a real opportunity to make progress with the development of improved facilities and opportunities for the provision of primary care has been lost. It will take some time to overcome this setback and in some instances the chance has been lost and will not return. One must hope that finance for health centre development will be given even higher priority in the future, because it holds the key to one of the main doors leading to the development of a properly integrated system of health care.

Another major change in the provision of services took place in the middle of the year under review. Until that time the Family Planning Association, acting as agents of the County Council, provided family planning services in most of the county with the exception of Slough. This arrangement was discontinued on 1st June and replaced by a directly provided service, the staff being employed by the health authority. As all the clinics, with the exception of High Wycombe, were being held in local authority or hospital premises, the transfer took place smoothly and the service is now in line with the national policy for family planning services to be directly provided. At the same time as this transfer the service was extended so that advice was given to all Buckinghamshire residents who requested it free of charge, and in addition supplies remained free of charge where there were medical or socio-economic reasons. These developments made subsequent advice and directives on family planning policy easier to implement.

The nursing service has continued to develop under the Mayston management structure and a number of small but important innovations have proved particularly successful. These include the development of a night nursing service in Bletchley, the extension of arrangements for the supply of pre-sterilised equipment for use by community nursing staff from hospital central sterile supply departments, and the use of a new GPO radio/enquiry system by midwifery staff in High Wycombe.

Reorganisation of the National Health Service

In many ways the administrative reorganisation of the National Health Service represents a more fundamental change for the staff concerned than the parallel reorganisation in local government. It is not

surprising, therefore, that with the very rapid time-table necessary for implementation on 1st April 1974 of the National Health Service Reorganisation Act, which only received the Royal Assent in July 1973, there was tremendous pressure on the time and morale of local health authority staff. The fact that in the event the transition in Buckinghamshire was effected reasonably smoothly reflects great credit on them and on the work of the Joint Liaison Committee of officers representing the merging branches of the health service in the county. The new Area Health Authority was set up in shadow form in September 1973 and faced the considerable and difficult task of building a new administrative organisation to take over responsibility for all the health services in the county in a period of six months. I know that they acknowledge that the preliminary work and continuing support of the Joint Liaison Committee and of all other health staff was of great assistance to them during this initial period.

In keeping with general progress towards integration, the staff of the three branches of the health service have continued to work together during the year and the scheme for short periods of interchange to broaden the experience of administrative staff, which was outlined in last year's report, has continued and been extended to other groups.

Acknowledgments

As this is the last annual report of the County Medical Officer there are many people whose help and advice I would like to acknowledge, and if this is mainly done in a collective manner I hope that those concerned will understand that it is no less sincere.

I have already mentioned the staff of the health department, and I would like to take this opportunity of thanking them all for their continued support during a particularly arduous period in the department's long history.

The senior appointments in the reorganised health service have now been made, and I know that the staff of the health department would like me to record their congratulations and good wishes in their new posts to Dr. M. A. Charrett, Area Medical Officer South Bucks, on his appointment as District Community Physician, East Berkshire; Mr. W. C. Collett, County Ambulance and Transport Officer, who is now Regional Ambulance Officer, Thames Regional Health Authority; Miss. Esmé Few, Director of Nursing Services, who has become Area Nursing Officer, Berkshire Area Health Authority; Dr. Dulcie Gooding, Principal Medical Officer (Milton Keynes and Forward Planning), who has taken up the post of Area Medical Officer, Brent and Harrow; and Dr. Patricia Herdman, Principal Medical Officer (Child Health), who has been appointed Community Physician (Child Health) with the Berkshire Area Health Authority. They have all been responsible for a substantial contribution in their own field to the health services in Buckinghamshire.

A number of other senior officers from the County Health Department have been appointed to various posts with the Buckinghamshire Area Health Authority, and I am personally pleased to have the opportunity to continue my association with the health services in the county in my new appointment as Area Medical Officer.

In addition, two senior members of the staff, who both contributed many years of service, retired on 31st March 1974. Dr. A. J. Muir had been Area Medical Officer and Divisional School Medical Officer, High Wycombe since 1948 and Mr. E. L. Eyre, who came to the county as Chief Administrative Officer, in 1949 and served with three County Medical Officers. It is with great regret that I must now record Mr. Eyre's very recent and untimely death after such a short period of retirement.

I am particularly appreciative of the kindness shown to me and to the staff of the department by the Chairmen and members of the County Council's committees and for the helpful advice and support which was always forthcoming from the Chairman and members of the County Health Committee. This also applies to the relationship between the health department and other departments of the County

Council, and I am grateful to my Chief Officer colleagues for their understanding and assistance in developing this co-operative approach, which makes the prospects for satisfactory collaboration between the County Council and the Area Health Authority in the future extremely favourable.

Finally, I would like to thank Mr. D. G. Henderson and Mr. F. W. Hedge who, between them, have undertaken much of the work in editing the individual contributions which make up the contents of this report, and the County Council's central printing section for their help in producing it. I hope that, in the future, the Area Health Authority will encourage the production of an annual report concerning the activities for which it is responsible. A chronicle of statistics, progress and problems within the Health Area following reorganisation would be a valuable means of conveying information concerning the health service in Buckinghamshire to a wide range of interested people and would provide a permanent record of the work of the Area Health Authority and a continuing assessment of the health of the community which it serves.

I. G. YULE

Area Medical Officer

STAFF

(as at 31-12-73)

County Medical Officer of Health and Principal School Medical Officer:

I. G. Yule, M.B., Ch.B., F.F.C.M., D.C.H., D.P.H.

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer:

K. J. Kimmance, M.B., B.S., M.F.C.M., D.P.H., D.Obst., R.C.O.G.

Principal Medical Officers:

Dulcie G. Gooding, M.B., B.S., M.F.C.M., D.P.H.

Patricia Herdman, M.B., B.S., M.F.C.M., D.P.H.

D. P. B. Miles, M.B., B.S., M.F.C.M., D.P.H.

Area Medical Officers and Divisional School Medical Officers:

M. A. Charrett, M.R.C.S., L.R.C.P., M.F.C.M., D.P.H. (also Medical Officer of Health, Borough of Slough, Urban District of Eton and Rural District of Eton).

P. Lavis, M.B., Ch.B., M.F.C.M., D.P.H. (also Medical Officer of Health, Borough of Buckingham, Urban Districts of Bletchley, Newport Pagnell and Wolverton, Rural Districts of Buckingham, Newport Pagnell and Winslow).

A. J. Muir, M.B., Ch.B., B.Hy., D.P.H. (also Medical Officer of Health, Borough of High Wycombe, Urban District of Marlow and Rural District of Wycombe).

A. W. Pringle, B.A., M.B., B.Ch., M.F.C.M., D.P.H. (also Medical Officer of Health, Borough of Aylesbury, Rural Districts of Aylesbury and Wing).

Deputy Divisional School Medical Officer:

B. H. Burne, M.R.C.S., L.R.C.P., M.F.C.M., D.P.H. (also Medical Officer of Health, Urban Districts of Beaconsfield and Chesham and Rural District of Amersham).

Senior Departmental Medical Officer:

G. F. Slocombe, M.B., B.S., M.F.C.M., D.P.H. (also Deputy District Medical Officer of Health).

Departmental Medical Officers:

Full-time:

Lilian F. C. Beattie, M.B., B.S.

S. Das Gupta, M.B., B.S., M.S.

J. M. Elliott, M.R.C.S., L.R.C.P., D.Obst.
R.C.O.G.

A. V. Gillespie, M.B., B.Ch., D.P.H.

Erina M. Herrick, M.B., B.S.

Susan Hetherington, M.B., Ch.B., M.F.C.M.,
D.P.H. (also Deputy District Medical Officer
of Health).

Christine M. Maxwell, M.B., B.Ch.

Mary I. McArthur, M.B., Ch.B., D.P.H.

Audrey Myant, M.B., B.S., M.R.C.P., M.F.C.M.
D.P.H. (also Deputy District Medical Officer
of Health).

J. M. Reed, M.R.C.S., L.R.C.P.

Winifred J. Risk, M.B., Ch.B. (also Deputy
District Medical Officer of Health).

Marion A. Wakefield, M.B., B.S., D.C.H.

R. L. Walmsley, M.A., L.M.S.S.A.

Part-time:

Elinor W. Adam, M.B., Ch.B.
 Penelope J. Aeberhard, M.B., B.S.
 Daphne M. Allen, M.B., Ch.B.
 Elizabeth Aston, L.M.S.S.A.
 Elizabeth Barnes, M.B., B.S., D.Obst.R.C.O.G.
 Rosalina E. Bates, M.B., B.Ch., B.A.O.
 Eleanor M. Bath, M.B., Ch.B.
 Anne D. T. Bishop, M.B., B.Ch., D.C.H.
 Anne J. Butler, M.B., B.Ch.
 C. D. Campbell, M.B., B.S., D.Obst.R.C.O.G.
 Dorothy R. Candy, M.A., B.M., B.Ch., D.Obst.
 R.C.O.G., D.C.H.
 M. W. Carstairs, B.M., B.Ch., D.Obst.R.C.O.G.
 K. H. Chambers, M.B., Ch.B.
 Eleanor M. Clarke, M.B., B.Ch., D.Obst.
 Patricia J. V. Chapman, B.A., B.M., B.Ch.
 A. F. Chico, M.R.C.S., L.R.C.P., D.C.H.
 Margaret O. Curtis, M.B., B.S., D.Obst.R.C.O.G.
 B. N. J. Daily, M.B., B.S.
 J. G. Eyres, M.B., B.Ch., B.A.O.
 Phyllis W. Fleming, M.D., B.Ch.
 Jean S. Frisby, M.B., Ch.B.
 Isabel M. Gardner, M.B., B.Ch.
 Monica V. German, M.R.C.S., L.R.C.P., D.Obst.
 R.C.O.G.
 P. J. Grant, M.B., B.S.
 Evelyn D. Hancock, M.B., Ch.B., D.C.H.
 L. I. Holmes-Smith, M.A., B.M., B.Ch.
 L. Johnman, M.B., Ch.B., D.Obst.R.C.O.G.
 Sylvia L. Kingsbury, M.B., B.S.
 Anne M. Laslett, M.B., Ch.B., D.P.H.
 R. Q. Leeper, M.B., B.S., D.C.H., D.Obst.
 R.C.O.G.
 J. G. Limbert, B.M., B.Ch.

Consultant Psychiatrists:

C. E. Bagg, M.A., M.R.C.S., L.R.C.P., D.P.M.*
 Elizabeth F. Browne, B.M., B.Ch., D.P.M.*
 Elizabeth G. W. Gore, M.D., Ch.B., D.Obst.
 R.C.O.G., D.P.M.*

County Consultant—Diseases of Chest:

A. O. Robson, M.D., M.R.C.P.*

Consultant Physicians—Diseases of the Chest:

J. F. Hare, M.B., M.R.C.P.*

Consultant Physicians in Geriatric Medicine:

H. Caplan, B.A., M.B., B.Chir., M.R.C.P.*
 Lorna C. Davies, M.B., B.S., M.R.C.P., D.C.H.*

Patricia Martin, M.B., B.S., D.P.H., D.Obst.
 R.C.O.G.
 H. K. Mason, M.B., Ch.B.
 Julia C. Mercer, M.B., B.S.
 T. M. Mitchell Fox, M.A., M.B., B.Chir.
 J. McCarthy, M.B., Ch.B.
 J. J. McMullan, M.D., B.Chir., M.R.C.G.P., D.I.H.
 Ursula M. Murphy, M.B., Ch.B.
 Muriel Nankivell, M.B., Ch.B.
 Ethel W. W. Owston, M.B., Ch.B., D.Obst.
 R.C.O.G.
 Elizabeth J. Porter, M.B., B.S., D.C.H.
 Helenor F. Pratt, M.B., Ch.B., D.C.H.
 Marjorie Reid, M.B., Ch.B.
 Gwyneth M. Roberts, M.B., Ch.B.
 Mary W. Scott-Clarke, M.B., Ch.B., D.P.H.
 W. G. Shakespeare, M.B., B.Ch., D.C.H.
 Mary Shephard, M.B., Ch.B.
 Patricia M. Shirley-Quirk, M.B., Ch.B.
 M. T. Smith-Walker, M.B., B.S.
 Elizabeth M. Spark, M.B., Ch.B.
 J. M. Spence, M.B., B.S., D.Obst.R.C.O.G.
 Priscilla M. Stallard, M.B., B.S.
 Jessie A. R. Stansfield, M.B., Ch.B., D.P.H.
 Anne M. Stewart, M.B., Ch.B., D.Obst.
 R.C.O.G.
 Jennifer M. Stillwell, M.R.C.S., L.R.C.P.
 Evelyn E. Summers, M.A., M.B., Ch.B.
 Josephine E. Tew, B.M., B.Ch., D.C.H.
 Mary R. Venning, B.M., B.Ch., C.P.H.
 Rosemary E. Westcombe, M.B., B.S.
 P. F. Wood, M.B., B.Ch., M.R.C.G.P., D.Obst.
 R.C.O.G., D.C.H.
 B. J. P. Wright, M.R.C.S., L.R.C.P., L.M.S.S.A.

Mary K. M. Lindsay, M.B., B.Ch., D.C.H.
 D.P.M.*
 I. Shribman, M.A., M.B., B.Ch., D.P.M.*
 D. M. D. White, M.D., D.P.M.*
 Vera A. Wilkinson, M.B., Ch.B., D.P.M.*

Daphne H. Line, M.B., M.R.C.P.*

A. T. Sinniah, M.B., B.S., M.R.C.P.*

Ophthalmic Surgeons:

T. S. S. Gregory, M.B., B.Ch., F.R.C.S.,
D.O.M.S.*
R. C. Jack, M.B., B.Chir., F.R.C.S., D.O.M.S.*

*By arrangement with Regional Hospital Boards.

Chief Dental Officer:

C. H. Griffiths, L.D.S.

Orthodontist:

Audrey M. Blandford, L.D.S., D.Orth.

Area Dental Officers:

B. A. Berrill, L.D.S.
K. R. Dixon, L.D.S.

J. Moss, M.B., Ch.B., D.O.*
Nora M. Oughton, M.B., Ch.B., D.O.*

Senior Dental Officers:

Catherine P. Hurst, L.D.S.

H. M. Mackintosh, L.D.S.
H. R. Rippon, L.D.S., D.D.P.H.

Dental Officers:

Full-time:

R. J. E. Derwent, L.D.S.
C. W. R. Marston, L.D.S.
R. D. Rowe, L.D.S.

Margaret I. Leith, B.D.S.

Part-time:

F. M. Armour, B.D.S.
Margaret R. Barrie, L.D.S.
Wendy Bright, B.D.S.
Edith S. C. Calcutt, B.D.S.
Jennifer M. Finlayson, L.D.S.

Lise Levy, L.D.S.
Lindsay M. Pinson, B.D.S.
Joan W. Paul, L.D.S.
Elizabeth M. Prosser, B.D.S.
Helen A. Renner, B.D.S.

Dental Auxiliaries:

Miss. P. M. Carter
Miss. S. J. Hebdon

Mrs. J. L. Le Good

Director of Nursing Services:

Miss. E. P. E. Few, S.R.N., H.V.Cert., N.D.N.
Cert., Queen's Nurse, R.C.N. Admin. Cert.
(P.H.)

Miss. H. Thacker, S.R.N., H.V.Cert.

Divisional Nursing Officers:

Miss. A. M. Borchard, S.R.N., S.C.M., M.T.D.
H.V.Cert., Queen's Nurse.

Mrs. H. Sparks, S.R.N., S.C.M., H.V. Cert.,
Queen's Nurse
Mrs. E. E. C. Thomas, S.R.N., S.C.M., H.V.
Cert.
Miss. J. G. Wedgwood, S.R.N., S.C.M., H.V.
Cert., Queen's Nurse

Area Nursing Officers:

Miss. V. G. Chadwell, S.R.N., S.C.M., H.V.
Cert., Queen's Nurse
Mrs. E. D. Dixon, S.R.N., S.C.M., H.V.Cert.
Miss. E. Hopkins, S.R.N., S.C.M., H.V.Cert.,
N.D.N.Cert.
Mrs. P. R. E. Jones, S.R.N., S.C.M., H.V.Cert.,
Queen's Nurse

County Health Inspector and County Health Education Officer:

J. W. Kendall, Dip.H.Ed., M.A.P.H.I., M.I.H.E.

Deputy County Health Education Officer:

Vacant

Area Health Education Organisers:

Mrs. D. M. Barnes, S.R.N., S.C.M., H.V.Cert.,
M.I.H.E.

Miss. J. L. Fish

Miss. E. Hawley, S.R.N., Dip.H.Ed., M.I.H.E.

Mrs. J. M. Richardson, S.R.N., H.V.Cert.
T. G. Watson, B.T.A., R.N.M.S., S.R.N.,
H.V.Cert., Queen's Nurse.

Chief Administrative Officer:

E. L. Eyre

Principal Health Services Officer:

F. W. Hedge

Principal Administrative Services Officer:

T. H. Clark, F.H.A.

Principal Administrative Officer:

(Forward Planning):

A. L. Dickinson, B.A., D.S.A., A.H.A.

County Ambulance and Transport Officer:

W. C. Collett

Deputy County Ambulance and Transport Officer:

D. R. W. Nelson

Chief Clerks—Area Offices:

C. H. Bray

T. A. W. Buchanan

A. G. Hall

D. E. Thompson

County Chiropodist:

J. D. Idris-Evans, M.Ch.S., S.R.Ch.

M. J. W. Pooke, M.Ch.S., S.R.Ch.

Mrs. V. Todd, M.Ch.S., S.R.Ch.

Physiotherapists:

E. Hrabak, M.C.S.P. (Spastics Unit)

Miss. M. R. Rogers, M.C.S.P. (County Welfare Homes)

R. A. Smith, M.C.S.P. (County Welfare Homes)

Head Occupational Therapist:

J. R. Chick, M.A.O.T.

Deputy Head Occupational Therapist:

Miss. D. M. Scott, M.S.A.O.T.

Area Occupational Therapists:

I. D. Duncan, M.A.O.T.
Miss. M. R. Green, M.A.O.T.

Miss. H. Gillott, M.A.O.T.

County Senior Speech Therapist:

Miss. E. K. Bond, L.C.S.T.

Area Senior Speech Therapists:

Mrs. P. M. Allen, L.C.S.T.
Mrs. G. M. McCord, L.C.S.T.

Mrs. L. Smith, L.C.S.T.
Mrs. R. B. Swallow, L.C.S.T.

STATISTICAL BACKGROUND

1. General

The area of the geographical and administrative county is 477,750 acres (approximately 746 square miles) and the numbers of private households and private dwellings at the 1971 census were 185,730 and 187,985 respectively.

The estimated rateable value of the county at 1st April 1974, was £75,844,759 as against £97,274,065 at 1st April, 1973. This decrease is due to boundary changes in the south of the county. The old Borough of Slough, Eton Urban District and parts of Eton Rural District now come within Berkshire.

The mid-1973 estimate of the Registrar General and Director of Population Censuses and Surveys refers to the home population, including members of the armed forces stationed in the area, and amounts to 604,460 compared with 598,290 for 1972. This was an increase of 6,170. At the 1971 census the total population of the county was 587,559.

Census populations, estimated populations, birth and mortality rates for individual county districts are quoted on page 67.

2. Vital statistics—childhood and maternal

Live births:

		1973			1972		
		Male	Female	Total	Male	Female	Total
Legitimate	..	4,318	4,052	8,370	4,548	4,295	8,843
Illegitimate	..	255	201	456	271	276	547
Total	..	<u>4,573</u>	<u>4,253</u>	<u>8,826</u>	<u>4,819</u>	<u>4,571</u>	<u>9,390</u>

			1973		England and Wales
				Bucks	
Live birth rate per 1,000 population	..	..	14.6		13.7
Illegitimate live births per cent of total live births	..	..	5.0		9.0
Stillbirths rate per 1,000 total live and stillbirths	..	..	9.0		12.0
Total live and stillbirths	..	..	8,910		683,911
Number of infant deaths (deaths under one year)	..	..	132		11,418
Infant mortality rates.					
Total infant deaths per 1,000 live births	..	..	15		17
Legitimate infant deaths per 1,000 legitimate live births	..	..	15		16
Illegitimate infant deaths per 1,000 illegitimate live births	..	..	18		22
Number of deaths of infants under four weeks	..	..	88		7,537

		1973	<i>England and Wales</i>
	<i>Bucks</i>		
Neo-natal mortality rate (deaths under four weeks per 1,000 live births)	10	11
Number of deaths of infants under one week	74	6,447
Early neo-natal mortality rate (deaths under one week per 1,000 live births)	8	10
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	18	21

3. Vital statistics—other

The principal causes of death in the county were:

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Cardiovascular disease	1,305	2,554
Malignant disease	675	1,218
Respiratory disease	368	752
Accidents	81	153
Total deaths from all causes	2,762	5,353

LOCAL HEALTH SERVICES

HEALTH CENTRES

During the year two further health centres at Wendover and Newport Pagnell were opened to add to the six already in operation. As well as providing the customary range of local authority services including child health clinics, health education, speech therapy and accommodation for nursing staff attached to the practice, both contain four general practitioner consulting suites and thus are slightly larger than most of the earlier centres. A temporary health centre at Woughton, Milton Keynes designed to provide accommodation for a primary care team until the completion of the first phase of the permanent health centre opened early in 1974.

Interest in health centres from general practitioners in various parts of the county continued and during the year several new projects were initiated, and feasibility studies were carried out for a number of other schemes.

Unfortunately it became clear in the middle of the year that the funds available from the Department of Health and Social Security for health centres would not be adequate to finance all the projects it had been hoped would start within the year. This came as a sad blow as it has taken time to build up the impetus of the health centre building programme and an unexpected and unwelcome reduction in the availability of resources necessitated a difficult assessment of priorities. Particularly difficult was assessing the claims of Milton Keynes, where the incoming population would have no facilities if health centres were not provided, against those of other areas of the county where there are facilities but of less than adequate standards. In fact only one scheme began on site in the year whereas it had been hoped to start at least four. This one scheme was at Amersham where the project includes a child guidance clinic and offices for school health service as well as a health centre for 6 doctors. Finance is also likely to be restricted in 1974 although it is hoped that the priorities of Buckinghamshire will be seen as such at national level. In the present circumstances it is of course difficult to give general practitioners any reasonable estimate of when schemes currently in the planning stages are likely to go ahead which in its turn makes it difficult for them to know whether or not to make interim arrangements or indeed to make completely different arrangements of their own. It is hoped that this unsatisfactory situation will soon be changed.

As health centres bring together under one roof various professional staff who previously have worked very much independently, it is to be expected that from time to time difficulties will occur. To overcome these the newer centres have been encouraged to set up a health centre management committee and these have proved an effective way of bringing together the staff of various disciplines working in the centre with the staff of the appropriate health area. It is intended that in future such a committee should be set up even before a centre opens to help the commissioning process and this in fact has been done for the centres at Wendover and Stony Stratford. The earlier meetings of these committees are attended by representatives of the headquarters forward planning unit and the Buckinghamshire Executive Council and health centre committees have proved one more field in which co-operation between the local authority and the Executive Council has developed over the past few years; an auspicious omen for the reorganised health service.

This is perhaps an appropriate occasion to pay tribute to the County Architect and his staff for their work on the health centre building programme. Each project poses its own particular problems of design and, particularly in the last year, the financial constraints within which design has to take place have been severe, but these problems have been overcome with goodwill and the domestic atmosphere of even the largest centre has been appreciated by visitors to the county as well as by the staff and patients using the

individual centres. The expert knowledge built up in the County Architect's Department in the last six years will, it is hoped, still be available to the health service following reorganisation and the continuation of existing relationships should be of great benefit to the health centre building programme.

CARE OF MOTHERS AND YOUNG CHILDREN

1. Child health clinics

During the year 23,216 children attended clinics; 1,453 fewer than in 1972. The graph on page 19 shows the trend of clinic attendances over the last twenty years.

There are 38 clinic sessions held each month in the county in doctors' practice premises; 315 held on local authority owned or hired premises and 16 sessions in the mobile clinic serving 38 villages in the rural parts of the county.

2. Premature births

The total number of infants born during 1973 and weighing less than 2,500 grams was 521, some hundred less than in 1972. Of these 38 (7%) were stillborn, (10% in 1972) and 40 (7.6%) died within 28 days of birth (9% in 1972). This overall decrease in premature stillbirths and neonatal deaths must indicate increasing standards of obstetric and neonatal care.

The histogram shows the steady improvements achieved over the last nine years.

3. Congenital abnormalities

One hundred and ninety-one abnormalities were reported in 1973 and notified to the Office of Population Censuses and Surveys compared with 162 in 1972.

The following list indicates those abnormalities most prevalent with the 1972 figures shown in parenthesis:

Limb abnormalities	..	..	..	..	..	84	(57)
Abnormalities of central nervous system	..	..	..	..	..	21	(12)
Abnormalities of alimentary system	..	..	..	..	..	18	(23)
Abnormalities of genito-urinary system	..	..	..	..	..	15	(25)

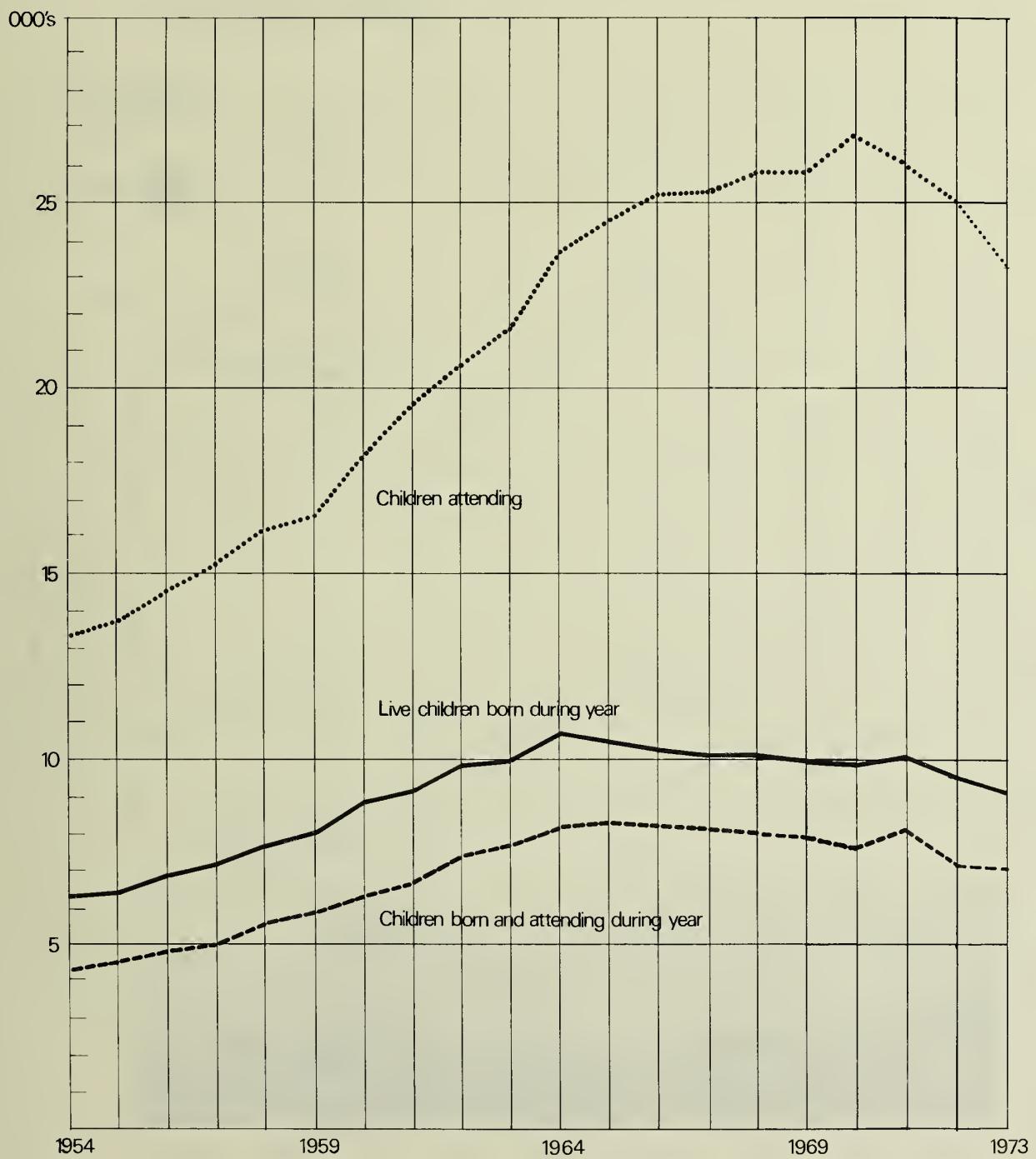
The graph shows the trend over the last six years.

4. Infant deaths

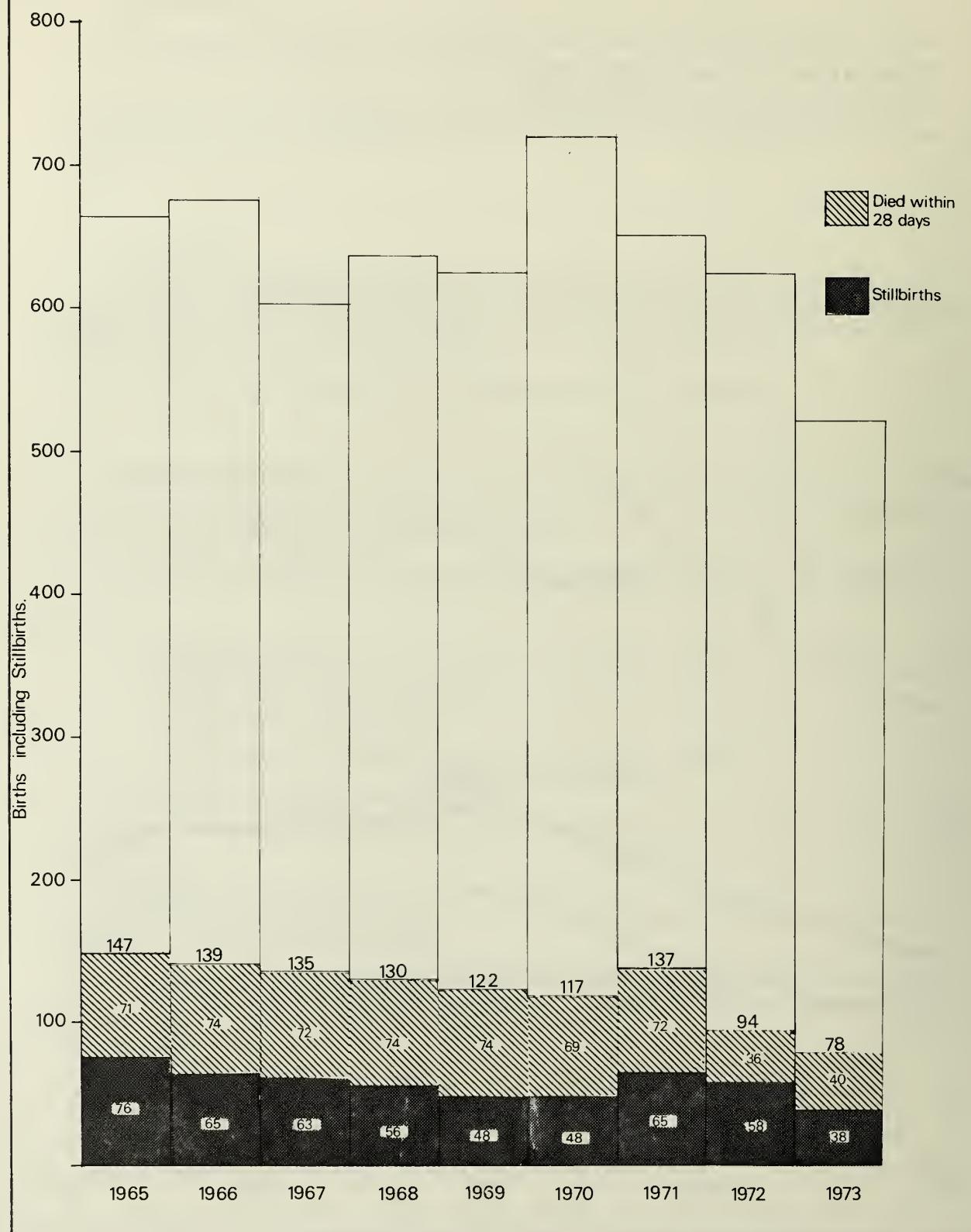
The birth rate in Buckinghamshire reached the low level of 14.6 per 1,000 population in 1973 compared to a national level of 13.7 per 1,000.

The infant mortality rate in the county rose, however, from 13 per 1,000 in 1972 to 15 per 1,000 in 1973 compared to a national figure of 17 per 1,000 and the perinatal mortality rate rose from 17 in 1972 to 18 in 1973 compared to a decreased national figure of 21.

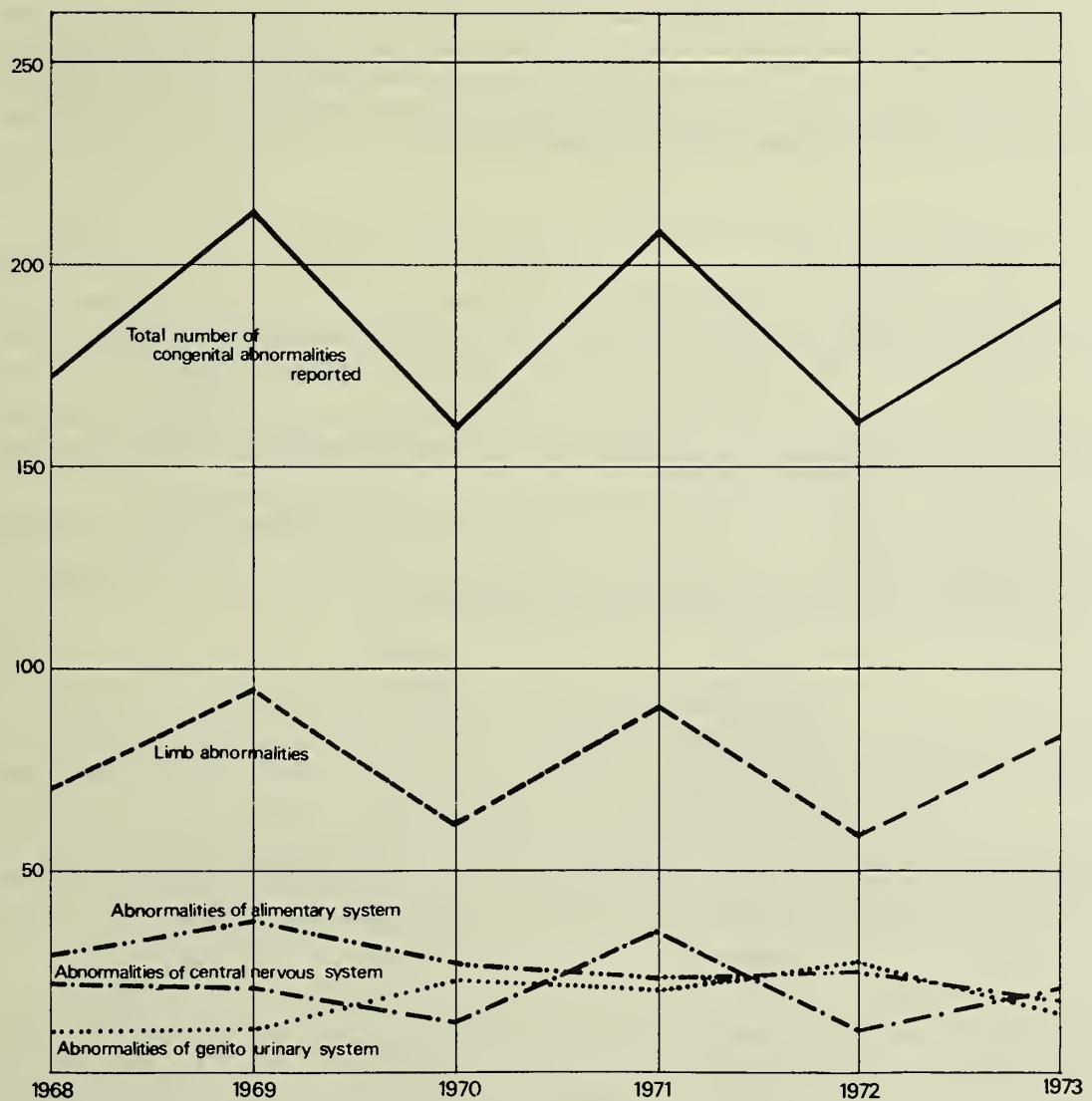
Attendances at Child Health Clinics



Premature Births



Congenital Abnormalities



Of the total deaths of infants under the age of one year, eighty five (68%) were infants under four weeks of age and forty eight (38%) of those occurred in the first 24 hours. The commonest cause of death was prematurity closely followed by respiratory distress syndrome and congenital heart disease.

Eleven infants (8%) varying in age from six weeks to nine months were designated "cot deaths" or "sudden death in infancy syndrome".

5. Risk register

During 1973, 707 names were added to the register of children suspected of being "at risk" of developing a physical or mental defect and at the end of the year 577 remained on the register for further assessment. Of the remaining 130, 47 (7%) moved from the county during the year, 34 (4.8%) were found to be developing normally, 9 (1.2%) were confirmed as having a demonstrable handicap and 40 (5.6%) died.

Because of changes in the applied criteria and in the procedure for the collection of information these statistics are in no way comparable with those of previous years.

6. Family planning service

On 1st June, following negotiations with the Family Planning Association earlier in the year, all the Family Planning Association clinics held in local authority or hospital premises were transferred to the County Council and the agency arrangements with the Family Planning Association were discontinued.

Also on 1st June the provision of family planning services was extended so that advice is given free of charge to all Buckinghamshire residents who attend and, in addition, supplies are free of charge where there are medical or socio-economic reasons.

In the seven months June to December, 1973, 1,706 new clients attended and a total of 11,976 attendances were made.

New patients by age at first attendance June – December 1973

<i>Age</i>	<i>Number</i>
under 20 years	301
20 – 24 years	537
25 – 29 years	452
30 – 34 years	238
35 years and over	177

New patients by numbers of previous pregnancies at date of first attendance June – December 1973

<i>Number of Pregnancies</i>	<i>Number of Women</i>
0	632
1	349
2	449
3	169
4	66
5	22
6	5
6+	14

The agency arrangements with the Slough and District Family Planning Clinic continued throughout the year. These services are complementary to those offered at hospital and by general practitioners.

7. Cervical cytology

The Health Department continues to participate in the national recall scheme as detailed in last year's report. During the year a total of 1246 women were notified of the need to attend for a routine 5 year follow up test.

8. Distribution of welfare foods

Welfare foods continued to be distributed from centres throughout the county, and thanks are due to the W.R.V.S., the British Red Cross Society and the many helpers who voluntarily give their services in this important work.

Issues of welfare foods made during the year are detailed below together with the figures for the previous year:

			1973	1972
National dried milk	..	..	7,587	8,636
Cod liver oil	..	..	—	827
Vitamin A, D and C tablets	..	..	4,208	3,887
Vitamin A, D and C drops	..	..	21,533	20,772
Orange juice	..	..	103	47,289

The sale of cod liver oil was discontinued in 1972 and supplies of orange juice also ceased.

9. Dental treatment of expectant and nursing mothers and young children

The dental service provided for expectant mothers and pre-school children increased during the year. The numbers inspected, the number of visits for treatment, the fillings and extractions, and those for whom treatment was completed, were all the highest the county has attained in any year.

A pilot scheme of notifying the parents of three-year-old children by letter of the importance of having a dental inspection at this age was commenced in the South Bucks area, and it is thought that this was a worthwhile exercise which may be carried out in other areas of the County when the final assessment of the scheme is made.

It is hoped that the dental services will be given the means by which this important part of the nation's health service can receive a new impetus to provide a programme of positive dental health, as well as an efficient and effective treatment service. The former local authority service has much to contribute to the new concept of "Community Dental Health" and it is hoped that it will play an important part in planning new developments in the unified service.

Dental treatment for mothers and young children 1973

Attendances and treatment

		<i>Children 0-4 (inclusive)</i>		<i>Expectant and nursing mothers</i>	
		1973	1972	1973	1972
Visits for treatment:					
First ..	.. .. .. .. .. ..	919	681	107	83
Subsequent	.. .. .. .. .. ..	1,018	780	200	115
Total	.. .. .. .. .. ..	1,937	1,461	307	198
Number of additional courses of treatment other than first course commenced during the year		107	89	10	4
Number of fillings	.. .. .. .. .. ..	1,437	1,223	264	122
Teeth filled	.. .. .. .. .. ..	1,215	1,081	248	122
Teeth extracted	.. .. .. .. .. ..	458	339	92	52
General anaesthetics given (by consultant anaesthetists)		139	89	9	4
Emergency visits by patients	.. .. .. .. ..	54	30	12	12
Patients X-rayed	.. .. .. .. ..	29	17	47	25
Scaling and/or removal of stains	.. .. .. .. ..	290	160	58	50
Teeth otherwise conserved	.. .. .. .. ..	211	259	—	—
Teeth root filled	.. .. .. .. ..	—	—	5	1
Inlays	.. .. .. .. ..	—	—	1	—
Crowns	.. .. .. .. ..	—	—	1	6
Courses of treatment completed	.. .. .. .. ..	747	607	86	51
Prosthetics					
Number of dentures supplied	.. .. .. ..	—	—	15	16
Inspections					
First inspections		1,458	1,400	125	58
Patients who required treatment	.. .. .. .. ..	1,073	722	115	57
Patients offered treatment	.. .. .. .. ..	1,013	563	114	55
Patients re-inspected	.. .. .. .. ..	115	135	13	8
Equivalent full sessions					
For treatment		—	—	363	311
For health education	.. .. .. .. ..	—	—	8	21

THE NURSING SERVICE

1. Introduction

The nursing service continued to develop throughout the year within the constraints of the permitted establishment and, in the case of health visiting, the difficulties of recruitment. The work of the service generally was influenced by the movement towards reorganisation of the National Health Service and the need to foster increased co-operation with the hospital and general practitioner services.

In November four members of staff were invited to attend a reception at the Mansion House in London to receive the long service badge of the Queen's Institute of District Nursing for 21 years service to District Nursing. The presentations were made by H.R.H. the Duchess of Gloucester to Miss. D. Storey, Miss. A. Harrap, Mrs. M. Chapman and Mrs. M. Joslin.

2. General management

The Mayston Nursing Management Structure, commenced in October 1971 and fully implemented by the summer of 1972, became firmly established and its benefits accepted by the majority of the nursing staff in the county.

There was a certain amount of mobility of nurse managers. One area nursing officer was appointed lecturer in health subjects at the Dunstable College of Further Education. A nursing officer (district nursing) was sponsored for the community health nurse teachers course at the Royal College of Nursing with a view to returning to the county as community nurse training officer.

Miss. E. Few, Director of Nursing Services was appointed Area Nursing Officer to the new Berkshire Area Health Authority and left Buckinghamshire on 31st December. Her work in the county has contributed greatly to the development of the nursing service and her foresight has enabled the service to be ready to meet the challenge of integration in the reorganised health service. Miss. M. E. Lindars was appointed Area Nursing Officer to the new Buckinghamshire Area Health Authority and took up her post on 1st January 1974.

3. Recruitment and staffing

Developments resulting from the firm establishment of primary health care teams, following the attachment of county nursing personnel to general practice, and the increasing emphasis on care in the community have placed a high level of demand upon the community nursing service.

In the general nursing section the increased demand created considerable pressure in many areas, in spite of the service being recruited up to establishment.

The midwifery section had a number of vacancies during the year which created greater demands on those in post. In High Wycombe, however, where two vacancies persisted, the pressure was greatly relieved by the provision of two sets of radio paging equipment which allowed more freedom of movement and better use of the midwives who were available.

The greatest difficulties were experienced in recruiting health visitors. Throughout the year it proved almost impossible to recruit replacements for staff leaving the service. The return of 26 students in the

autumn, who had been sponsored by Buckinghamshire for training, was the main factor in preventing a serious break-down in the service. At the end of the year the health visiting section was approximately 16% below establishment.

It is generally recognised that field work and practical work instructors need to have a reduced case-load. Because of low recruitment of health visitors and increasing demand upon nursing staff, it was impossible to implement this recommendation.

The following table shows the staffing situation at the 31st December:—

		<i>Establishment</i>	<i>In Post</i>
Management	... . . . . .	28 + 2 temporary appointments	27 + 2 temporary appointments
Nurses & Midwives	... . . . . .	238	236.5
Health Visitors	... . . . . .	166	139.5
Health Service Assistants	... . . . . .	44	39.5
Interpreters	... . . . . .	3	3

4. Attachment to general practice

Co-ordination of nursing, midwifery, and health visiting services became a positive factor and this encouraged growth of the primary health care teams which had previously been slow in some areas. The good results of improved co-operation with other services highlighted the areas where more concentrated effort will be required to achieve better results.

In general the team approach to patient care became more firmly established. Those developments reported in 1972 continued and others were added. Notably more health visitors were based in general practice premises, more district nursing staff undertook treatment sessions in doctors surgeries, and in several areas parentcraft classes were held in general practice premises.

Arrangements for cross boundary visiting with all the neighbouring counties continued and in one area where they had not previously been totally successful, was reorganised satisfactorily.

5. Hospital liaison

This important contribution to integration of the health services continued to develop and much progress was made in instituting new schemes.

Part-time liaison undertaken by health visitors and in a few instances by district nursing staff included maternity departments, paediatric departments, geriatric departments, diabetic clinics, and chest diseases clinics. Full time liaison was in operation with the geriatric and chest diseases departments in the Wycombe and South Bucks divisions. The geriatric health visitor for South Bucks and the chest clinic health visitor for Wycombe both left during the year and it proved impossible to recruit replacement health visitors. In the case of Wycombe the post was filled successfully by a health service assistant with tuberculosis nursing experience, who had previously assisted the health visitor with the chest clinic work. In South Bucks the work of the geriatric health visitor had to be covered on a part time basis as a temporary expedient.

Schemes for community midwives employed in full time domiciliary midwifery practice to take

their patients into general practitioner maternity units commenced in 1967 with the Bletchley scheme and this was followed later by similar arrangements with other obstetric units. At the end of the year the following schemes had been established:—

Bletchley general practitioner unit	—	1967
Stoke Mandeville general practitioner unit	—	1970
Upton Hospital obstetric unit, Slough	—	1972
Amersham General Hospital obstetric unit	—	1972
Westbury maternity home, Newport Pagnell	—	1972
Shrubbery maternity home, High Wycombe	—	1973

The community midwife undertakes ante-natal care in co-operation with the general practitioner, takes responsibility for delivery in the hospital unit, and, when mother and baby are transferred home from 12 to 48 hours after delivery, she undertakes post-natal care.

The domiciliary psychiatric nursing service for the elderly, established in 1972, continued to provide support to patients and their families. The need for development of supportive care to the elderly in general is pressing and this service goes a long way to meeting the needs of a particular section of the community. Following discussions with the Royal Buckinghamshire and St. John's Hospital Management Committee, agreement was reached to extend the service by the appointment of six more staff. It is hoped that appointments will be made early in 1974.

6. Education and training

(a) HEALTH VISITING

At the end of the year 20 students were in training under the county council's sponsorship scheme at 8 different training centres.

The county nursing staff continued to have a close working relationship with Mrs. M. Klinger the tutor to the health visiting course at Milton Keynes College of Education.

Fieldwork instructors participated in the training of students from the following training centres:—

Milton Keynes College of Education
 Chiswick Polytechnic
 Oxford Polytechnic
 Reading College of Technology

Ten health visitors completed courses to qualify them to act as fieldwork instructors.

(b) GENERAL NURSING

Two district nurse training courses, covering theory and practice, were held during the year. The courses were organised to use the new syllabus recommended by the Department of Health and Social Security and extended over 16 weeks. Ten students took the examination for the national certificate of district nursing in January following the course held in the autumn of 1972, nine were successful but one student failed, she, however, re-entered in May and passed successfully. Twelve students took the examination in September and all were successful. A further nine students attended the course held in the autumn and were due to take the examination in January 1974.

Two SRN students were seconded to the Reading training centre and were successful in obtaining the national certificate and three SEN students seconded to that centre in the autumn were due to take

the examination in January 1974.

Six district nursing staff took courses to qualify them to act as practical work instructors.

(c) **MIDWIFERY**

Community experience was provided for 33 pupil midwives from the Shrubbery Maternity Home, High Wycombe, Amersham General Hospital and Upton Hospital, Slough. Pupils were able to accompany the training midwife when she took the patient into general practitioner or obstetric units for delivery and continued the care of mother and baby when transferred home. A programme of observation visits added to their knowledge of community care.

Two teaching midwives attended courses to assist them with their training duties.

(d) **IN-SERVICE EDUCATION**

(i) *Reorganisation of the National Health Service*

Four two-day courses were held during the year on the theme of preparation for integration in the reorganised health service. Three were held at Missenden Abbey and one at the Green Park Youth Training Centre. The 238 participants included district nursing, midwifery and health visiting staff. Invitations were extended to hospital colleagues and a number of hospital sisters attended.

(ii) *Family Planning*

Three family planning appreciation courses, extending over two days, were held in the Lovelock Jones School of Nursing, High Wycombe and were attended by 120 health visitors and midwives.

(iii) *Early detection of hearing loss in children*

One course was held to equip health visitors and health service assistants to undertake the routine screening tests of babies aged 7-9 months. Forty four staff attended.

(iv) *Preparation for parenthood*

Mrs. E. Montgomery again gave 2 two-day courses for midwives and health visitors on "Modern developments of education for child bearing". The hospital authorities provided excellent facilities for these courses at Tindal General Hospital and they were attended by 56 nursing personnel including some members of the hospital nursing staff.

(e) **STUDENT NURSES**

(i) *Students taking the 1969 Syllabus*

Twenty-eight student nurses from the following hospital groups undertook programmes of community nursing experience:—

St. George's Hospital, London.
 Windsor Group of Hospitals
 Wycombe & District Group
 Royal Buckinghamshire and St. John's Group

The courses aim to give the students an understanding of the concept of continuing family care, and the importance of health teaching and the prevention of ill-health.

(ii) *Other*

Twelve students taking the integrated course of nurse education at Hillingdon Hospital and Chiswick Polytechnic spent one week with health visitors in the county.

Student nurses who were not taking the six weeks course under the 1969 syllabus spent one or two days observing the work of the community nursing staff. They included students training for state enrolment and for registration as mental nurses.

7. Special items

(a) **LINK WITH NURSING GROUPS**

Following the success of the groups in Aylesbury and Slough, link with nursing groups were established in High Wycombe and Bletchley. The primary aim is not recruitment, but to assist non practising nurses to retain their interest in the profession. It is pleasing to report, however, that a number of staff have been recruited from these groups to both the hospital and the community nursing services.

(b) **G.P.O. RADIO PAGING SYSTEM**

In February 1973, two sets of radio paging equipment were hired by the authority and the full time midwives in High Wycombe undertook a pilot scheme to test their efficiency for use by the community midwifery service. Before introducing the system a background study was made of the existing arrangements and of the reliability of the radio receivers. The main study of the use of the system was undertaken between February and April 1973 and it proved to be of great value.

The two receivers were carried by the midwives on first and second call each day. Ambulance control remained responsible for locating the midwives and passing messages. The result of the study showed that the use of the system allowed more flexibility among the midwives and reduced the time lag between receipt of a message at the ambulance station and location of a midwife when out on her rounds from an average of 24.7 minutes to 4.4 minutes.

At the end of the study the midwives were allowed to retain the equipment and they would be very reluctant to return to the old system.

(c) **FAMILY PLANNING**

In June 1973 the County Council assumed responsibility for the provision of family planning services in the whole county except the South Bucks division. Nursing sisters employed by the Family Planning Association were appointed to the community nursing staff and joined units of nursing officers in each area. These nursing officers became responsible for deployment of the family planning nursing sisters and for ensuring that all clinic sessions were covered adequately. The clinics are held mainly in County Council premises, but some sessions are held in hospital premises. Some recruitment of staff was necessary over and above the number transferred from the Family Planning Association and a reasonable level of staffing was achieved. In a few instances members of the county nursing staff who hold the necessary certificate have been able to undertake some clinic sessions.

At the end of the year there were 36 family planning nursing sisters on the county staff. They are employed part-time and paid on a sessional basis. The development of the family planning service has increased the demands made upon the interpreter who is a full time member of the nursing service staff in High Wycombe. Her help has been invaluable.

(d) VISITING NIGHT NURSING SERVICE

In April 1973 a pilot scheme for a night nursing service was commenced. The geographical area was the town of Bletchley where 4 night nursing sisters worked on a rota, one sister on duty each night. A base was made available at the maternity unit where clerical work could be done, messages received, and the staff could obtain a meal.

Relatives and patients have expressed their appreciation of the service which could, with advantage, be expanded, but as the demand increased the work of the day staff increased also. Careful assessment of the staffing situation will be necessary before expansion can proceed.

(e) MARLOW COTTAGE HOSPITAL

The matron of this small hospital was due to retire in March 1973 and discussions took place between the Director of Nursing Services and the Chief Nursing Officer of the Wycombe Group about the future staffing of the hospital. As a result, agreement was reached that the community nursing officer (Nursing & Midwifery) for the Marlow/Beaconsfield area should take over the day to day management of the Cottage Hospital.

The hospital has 12 beds and a high percentage of elderly patients and in addition a small number of post operative cases are transferred from Wycombe General Hospital. There are two out-patient clinics one for general surgery and the other for gynaecology.

The community nursing officer assumed responsibility for the running of the hospital and the standards of patient care. She became accountable to the senior nursing officer of the hospital for this and retained her accountability to the community area nursing officer for her community responsibility.

(f) PARTICIPATION OF VOLUNTARY ORGANISATIONS IN COMMUNITY CARE

After attending an eight week day release training course organised by the community nursing staff, two members of the British Red Cross Society, backed by a rota of 10 members, commenced working regularly with a team of community nursing staff attached to one practice. Their work consisted of duties related to both district nursing and health visiting and they are responsible to the trained staff. The scheme has worked successfully and has been accepted by the general practitioners, nursing staff and patients.

(g) CENTRAL STERILE SUPPLIES

Following discussions with the authorities at Wexham Park Hospital, Slough, a scheme was organised for the community nursing staff to be supplied with pre-sterilised equipment from the hospital. The scheme was implemented in January 1973 and proved to be of great value to the nursing service. It is hoped that similar schemes will be available in 1974 for the community nursing staff in the Wycombe and Aylesbury/North Bucks divisions through the central sterile supply departments at Wycombe General Hospital and Stoke Mandeville Hospital.

8. Registration and inspection of nursing homes and agencies

During the year, the regular inspection of the ten registered nursing homes and the two registered nurses agencies was carried out by area nursing officers. Satisfactory standards appear to have been maintained.

One new home was registered during 1973 and all of those existing at the beginning of the year remain open. At 31st December, therefore, there were ten registered homes in the county, as follows:—

<i>Address</i>	<i>Type</i>
*The Gables 123 Wendover Road, Aylesbury	Aged and infirm, minor surgical maternity (for termination of pregnancy only)
Hulcott Nursing Home The Old Rectory, Hulcott	Convalescent, aged and infirm.
St. Joseph's Candlemas Lane, Beaconsfield	Maternity, acute surgical, minor surgical, medical, convalescent, aged and infirm.
Rosslyn, 47 Ledborough Lane, Beaconsfield	Minor surgical, medical, convalescent, aged and infirm.
West Farm, Emberton	Maternity.
Withyfield, Green Lane, Farnham Common	Convalescent, aged and infirm.
White House, North Park, Gerrards Cross	Medical, convalescent, aged and infirm.
*The Nuffield Nursing Home, Wexham Street, Slough	Acute surgical, minor surgical, medical, maternity (termination of pregnancy only)
Tyringham Clinic, Tyringham House, Tyringham	Medical, convalescent.
Oaklands, 60 Station Road, Woburn Sands	Convalescent, aged and infirm.

*Approved by the Department of Health and Social Security in connection with Section 1 (iii) of the Abortion Act, 1967.

9. Statistics

HOME NURSING

Place where first treatment during year by the home nurse took place.

		<i>Patients under 5 years</i>	<i>Patients 5 to 64 years</i>	<i>Patients 65 and over</i>
Patient's home	...	1,064 (1,104)	6,057 (7,243)	11,605 (12,160)
Health centre	...	2,469 (1,593)	9,820 (5,694)	924 (458)
G.P.'s premises	...	3,885 (4,499)	25,215 (18,656)	4,690 (3,589)
Maternity and child health centres	...	56 (27)	85 (17)	— (—)
Residential homes	...	— (10)	72 (90)	285 (226)
Elsewhere	...	13 (15)	102 (139)	91 (66)
Total	...	7,487 (7,248)	41,351 (31,839)	17,595 (16,499)

MIDWIFERY

Domiciliary confinements attended by midwife 293 (460)
Hospital confinements attended by midwife 675 (595)

Number of cases delivered in hospital and discharged within:-

2 days	...	1,054	(1,200)	
3-7 days	...	2,897	(3,623)	
8 or more days	...	1,107	(1,103)	
				5,058 (5,926)

The figures for 1972 are given in parenthesis.

	1973	1972
Visits during puerperium	43,606	41,400
Home ante-natal visits	10,125	11,221
Ante-natal home assessments	4,163	4,870

DOMICILIARY PSYCHIATRIC NURSING FOR THE ELDERLY

Number of patients seen

Under 65 years	...	...	...	...	50	54
65-80 years	...	...	...	...	195	329
Over 80 years	...	...	...	...	146	150
Total	...	...	...	...	391	533

Number of visits to patients

Home visits	...	...	...	...	2,495	4,366
Visits to welfare homes	...	...	...	...	148	324
Visits to hospitals	...	...	...	...	567	723
Total	...	...	...	...	3,210	5,413

		1973	1972
Liaison visits			
To general practitioners	.. .. .. .. ..	205	304
To district nursing/health visiting staff	.. .. .. .. ..	288	329
To social workers	.. .. .. .. ..	57	66
To welfare homes	.. .. .. .. ..	112	158
To hospitals	.. .. .. .. ..	170	242
To others	.. .. .. .. ..	13	17
Total	.. .. .. .. ..	845	1,116
New referrals			
From general practitioners	.. .. .. .. ..	148	152
From hospital	.. .. .. .. ..	49	61
Following domiciliary visit by consultant	.. .. .. .. ..	34	35
From health visitors	.. .. .. .. ..	40	48
From district nursing sister/charge nurse	.. .. .. .. ..	7	8
From social worker	.. .. .. .. ..	2	14
From others	.. .. .. .. ..	6	8
Total	.. .. .. .. ..	286	326
OTHER ITEMS RELATING TO HOME NURSING AND MIDWIFERY			
Sessions in surgery or health centre			
Nursing treatment	.. .. .. .. ..	11,886	9,751
Ante-natal and post-natal	.. .. .. .. ..	4,088	4,640
Cytology and gynaecology	.. .. .. .. ..	908	1,039
Other sessions	.. .. .. .. ..	1,353	1,049
Teaching sessions			
Ante-natal classes	.. .. .. .. ..	788	764
Pupil midwife tutorials	.. .. .. .. ..	292	215
Student district nurse tutorials	.. .. .. .. ..	180	175
Other	.. .. .. .. ..	213	86
HEALTH VISITING			
Persons or households visited during year			
Children born during year	.. .. .. .. ..	9,246	9,231
Other children aged under 5	.. .. .. .. ..	28,878	34,264
Persons aged between 5 and 16	.. .. .. .. ..	5,114	5,528
Persons aged between 17 and 64	.. .. .. .. ..	7,568	8,712
Persons aged 65 and over	.. .. .. .. ..	8,386	8,461
Households visited on account of tuberculosis	.. .. .. .. ..	906	772
Households visited on account of other infectious			
disease	.. .. .. .. ..	176	237
Households visited for any other reason	.. .. .. .. ..	2,308	2,968
Total	.. .. .. .. ..	62,582	70,593

		1973	1972
Number of patients included in "Persons visited" who are:-			
Mentally handicapped	430	540	
Mentally ill	711	783	

Health education sessions

At health centres	660	428
At G.P.'s premises (excluding health centres)	400	280
At maternity and child health centres	708	824
At school	786	848
In hospital	257	205
Elsewhere	797	1,019
Total	3,608	3,604

Case conferences

Case conferences attended by health visitors with

Social workers	455	733
Hospital staff	554	503
General practitioners	2,079	1,578
Any combination of the above	311	267
Others	512	562

HEALTH SERVICE ASSISTANTS

Details of hearing tests

Number of screening tests (a) performed	3,045	4,662
(b) assisted	3,077	2,419
Number of audiology tests (a) threshold	2,872	2,571
(b) sweep	9,207	9,972

Details of home visiting work

Children born during year	1,044	985
Children born during previous 5 years	4,010	5,271
Visits to expectant mothers	112	87
Aged 65 and over	14,069	11,010
Number of T.B. households visited	149	167
Visits to schoolchildren	3,416	2,984
First visits to notified immigrants	259	293
Other visits to immigrants	240	216
All others visited	1,814	902

10. Provision of nursing equipment on loan

The number of issues in 1973 increased by 31% compared with 1972. A similar percentage increase was reported last year when comparing the 1972 and 1971 figures.

The demand for backrests, bed-cradles and ripple beds continued, particularly the latter, where the issues were nearly double the 1972 figure. The 1967 figures have been included again this year to show how the service has been expanded during the last seven years.

The following table shows details of aids issued during the year with comparative figures for previous years:—

	1973	1972	1971	1967
Walking aids	600	519	402	218
Commodes	401	263	202	145
Wheelchairs	272	256	217	142
Ripple beds (hired)	197	115	46	—
Ripple beds (purchased)	38	4	11	—
Backrests	119	79	38	16
Bedcradles	117	69	40	23
Drawsheets	24	54	56	—
Lifting poles and chains	57	45	38	32
Hoists and attachments	31	44	31	21
Air and sorbo rings	77	43	33	19
Beds and mattresses	57	37	36	39
Fracture boards	49	36	17	10
Inflatable toilet seats	18	18	19	6
Rubber sheeting (in lengths)	24	14	19	14
Mattresses only	17	9	9	14
Beds only	14	2	3	—
Total	2112	1607	1217	699

The sources of referral were as follows:—

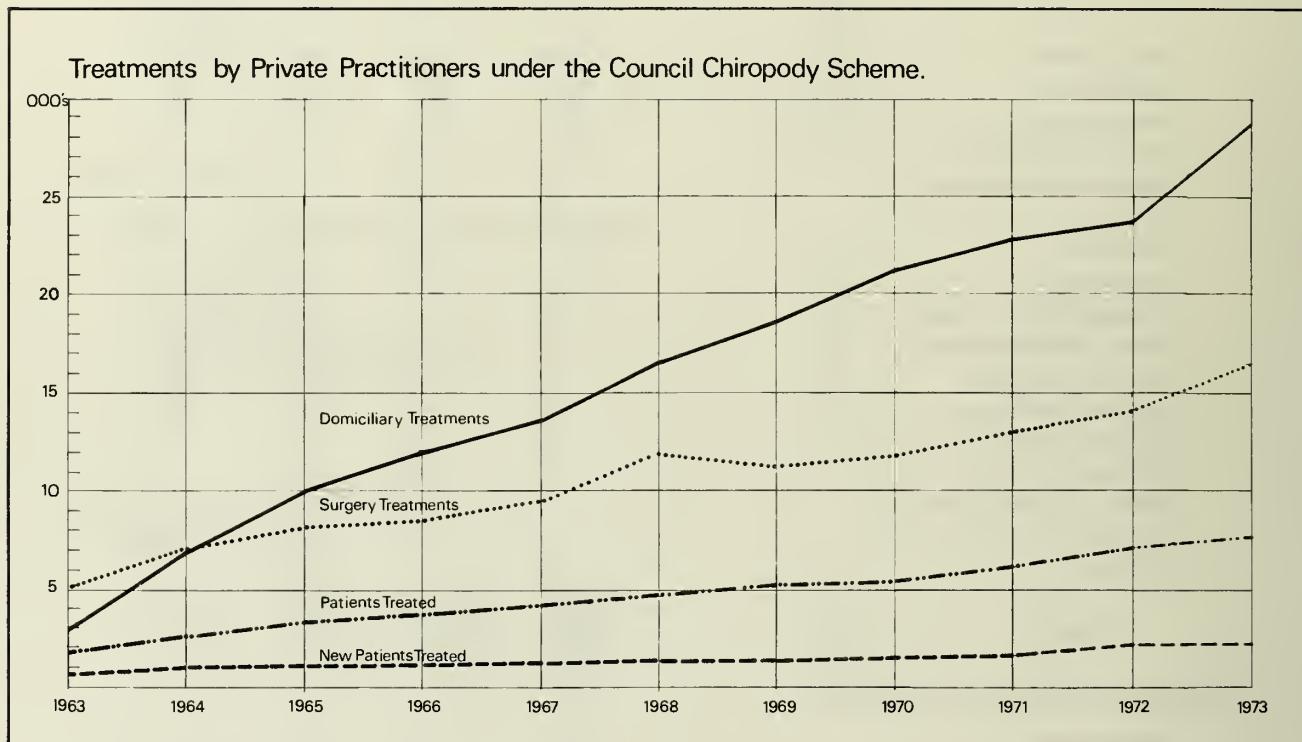
District nurses	826	584	413	243
Health visitors	699	515	334	181
Occupational therapists	325	289	157	—
Medical social workers (hospitals)	178	159	163	108
Social workers	77	60	143	179
Total	2105	1607	1210	711

THE SUPPLEMENTARY PROFESSIONS

1. Chiropody

(a) GENERAL

As more and more people realise the importance of chiropodial treatment in maintaining mobility the demands on the service continue to increase. This upward trend in the number of treatments and numbers of patients treated by private practitioners can be seen from the graph below.



(b) STATISTICS

The following table gives details of treatments undertaken in 1973 compared with 1972.

	1973	1972
1. By private practitioners on a fee per treatment basis.		
Number of persons treated	7,746	7,681
Number of new patients	2,007	1,853
Treatments given at chiropodists surgeries..	16,412	14,041

			1973	1972
	Treatments given at patient's homes	.. .. .. ..	28,366	23,898
	Number of dressings (full treatment not given)	.. .. ..	328	323
2.	In old persons homes	.. .. .. ..	5,394	4,629
3.	In industrial training units	.. .. .. ..	1,065	843
4.	In clinics, health centres and mobile unit	.. .. .. ..	1,190	284
	Number of chiropodists employed at 31st December			
	under contract	.. .. .. .. .. .. .. ..	61	64
	full time	.. .. .. .. .. .. .. ..	5	5

(c) STAFFING

Day to day management of the service is the responsibility of the County Chiropodist, this is augmented by an Area Chiropodist in each of the health areas. Unfortunately it has not proved possible to fill three vacant full-time posts. One of these posts was to operate the mobile unit. As a result, it has not been possible to operate the unit fully nor to provide treatments in some health centres. Bearing in mind the need to make the best possible use of available professional manpower the hospital car service scheme, which had been bringing patients to Winslow health centre has now been extended to bring patients, who would otherwise need domiciliary treatment, into Wendover health centre. During the year three private practitioners have left the county or retired. Unfortunately it has not proved possible to provide treatment for many of the patients previously treated under the scheme by them, nor has it been possible to arrange treatments for some of the new patients referred. The shortage of state registered chiropodists is a national one but it is exacerbated in this area by the high price of housing.

(d) FUTURE OF THE SERVICE

The impending reorganisation of the National Health Service will, no doubt, mean some changes in the service. It has been stated by the Secretary of State that the new Health Authorities are to ensure that there is no interference to the services to the public as a result of the handover of responsibilities. It is to be hoped that the present high standard of the chiropody service will continue.

2. Occupational therapy

(a) GENERAL

The demands on the service during the last twelve months have continued to increase. Growth has been particularly marked in the treatment and assessments of patients in their homes. The need has been shown for short and medium length treatment of the disabled to maintain their independence in the community. Review of patient progress has been greatly assisted through case discussions between the therapists, general medical practitioners, the medical officers to the centres, social workers and hospital colleagues.

The appointment of helpers in the centres has enabled the therapists to delegate work regarding supervision of patients in the centres. Consequently therapists have had more time to plan for patients who require skilled supervision and assessment.

The difficulties of obtaining trained staff continues to be a problem in maintaining continuity of

care for patients and the continued expansion of the service says much for the field staff in planning and co-ordinating their work.

Table I shows the marked increase in the number of patients treated compared with the two preceding years.

TABLE I Primary disabilities of patients referred for occupational therapy

		1973	1972	1971
Diseases of bones and organs of movement	.. .. ..	1024	716	556
Diseases of the central nervous system	.. .. ..	567	421	487
Diseases of the circulatory system	.. .. ..	187	139	110
Psychiatric, psycho-neurotic and personality disorders	.. .. ..	98	80	137
Diseases of the respiratory system	.. .. ..	85	68	65
Senility and ill defined conditions	.. .. ..	82	77	50
Amputations	.. .. ..	71	47	36
Neoplasms	.. .. ..	69	37	29
Disorders of the sense organs	.. .. ..	63	23	29
Allergic, endocrine, metabolic and emotional disorders	.. .. ..	40	30	35
Diseases of the digestive system	.. .. ..	32	16	13
Congenital malformations	.. .. ..	31	27	18
Injuries	.. .. ..	18	13	19
Diseases of the genito urinary system	.. .. ..	10	10	15
Infective and parasitic diseases	.. .. ..	9	9	10
Diseases of blood and blood forming organs	.. .. ..	7	5	10
Diseases of skin and cellular tissue	.. .. ..	2	3	3
Total	.. .. ..	2,395	1,721	1,622

(b) CENTRES

(i) *Bletchley*

The development of the aids to daily living assessment unit was delayed during the year due to staff changes. After a slow start it is providing a valuable service for the assessment and training of disabled patients in the daily problems of living at home as independently as their disability will allow. New referrals during the year were 12 (30); the number of patients discharged was 15 (20); average daily attendance was 37 (27) while the number on the register at 31st December was 59 (62). The comparable figures for 1972 are shown in parenthesis.

(ii) *Aylesbury*

The difficulties continue as a consequence of inadequate premises at Walton House. The addition of a helper on the staff to assist patients has been of considerable value in the management of patients both in occupations and their personal requirements. There were 10 (16) new referrals during the year. Nineteen (25) patients were discharged; average daily attendance was 22 (25) and the total number on the register at 31st December was 45 (54).

(iii) *Chesham*

The increase in demand for services in the community has created difficulties in this centre due to the limited office accommodation and storage space. Twenty one (32) new patients were referred during

FIGURE I

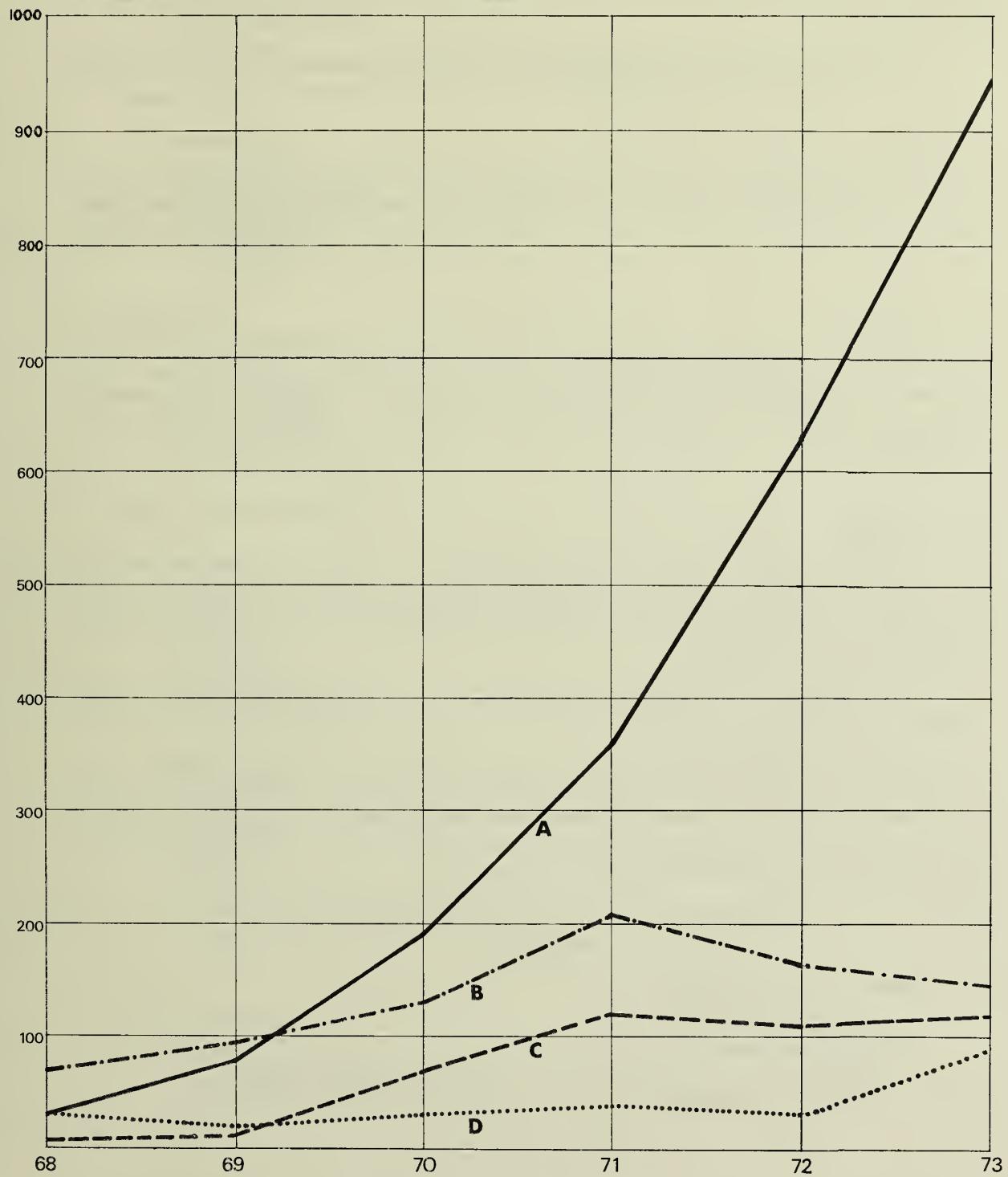
Classification of Patients on Discharge

A. Independence or Partial Independence in Household Duties

B. Death or Serious Deterioration or Admission to Residential Accommodation

C. Left the County and other reasons

D. Transferred to Employment or Training



the year; 49 (29) were discharged. The average daily attendance was 10 (12) and 40 (68) were on the register at 31st December.

(iv) *High Wycombe*

These services are only available on Mondays and Fridays and the use of the new centre on a full-time basis will clearly be a major development for the service in the High Wycombe area. In spite of the problems created by a part-time service, the workshop has continued to provide the same service as in previous years.

Twenty four (13) patients were newly referred; 14 (20) were discharged; the average daily attendance was 18 (20) and the number of patients on the register at 31st December was 41 (31).

(v) *Slough*

There has been no significant change in the pattern of service in the centre during the past year. Twenty four (23) patients were newly referred; 27 (26) patients were discharged during the year; average daily attendance was 18 (23) and the number of patients on the register at 31st December was 57 (60).

(c) **TRANSPORT**

The conveyance of patients to and from the centres continues to be a difficult problem. The distances involved, the varying and frequently unpredictable needs of the patients and the arrangements for providing transport services either by the county ambulance service or through private contractors creates serious difficulties for the provision of consistent rehabilitation programmes for those patients attending the centres.

(d) **STATISTICS**

Figure I shows the classification of patients discharged from therapy. There has been a marked improvement in the number of patients discharged to employment or training. This indicates that while the numbers of patients being referred to the centres has decreased in some areas of the county a substantial number of those attending have been successfully resettled. This is an encouraging trend which should be studied closely in the coming year.

The continuing need for assessment in the patients home to achieve independence remains the principal task for therapists in the field.

The increase in the number of patients discharged to independence or partial independence in household duties is reflected in the aids to daily living issued during the past twelve months. The principal areas of need continue to be in matters of personal toilet and the provision of hand rails for mobility in the house. There has been an increase also in the number of feeding aids issued. One hundred and thirty five were issued in 1973 compared with 59 for the previous year.

TABLE II **Aids to daily living in the home issued to disabled persons in rehabilitation**

1. *Washing, bathing and toilet aids*

Bath and shower seats, bath boards	..	..	..	..	819
Non-slip bath mats	..	..	..	..	451
Grab rails	..	..	..	..	384
Toilet frames and raised toilet seats	..	..	..	..	257

Showers (bath attachment)	35
Bath steps	26
Lever tap sets	17
Non-slip mats	9
Specially adapted commodes	6
Urine bottles and boats	4
Long-handled sponges	3
Long-handled nailbrush	1
Special bath	1
 2. <i>Dressing Aids</i>	
Stocking aids	30
Shoe horns	20
Elastic shoelaces (pairs)	19
Long-handled combs	8
Special fastenings	2
Dressing stick	1
 3. <i>Feeding Aids</i>	
Special or adapted cutlery	44
Special crockery	41
Non-slip table mats	37
Buffer plate rings	7
Special tables and trays	6
 4. <i>Pick-up and retrieving aids</i>	111
 5. <i>Mobility Aids</i>	
Handrails	520
Ferrules	132
Walking sticks	55
Special chairs and stools	37
Bed/chair block sets	36
Adapted chairs, stools and beds	31
Steps	25
Rope ladders	17
Raiser seats	5
Spring poles	3
Mattresses	2
Wheelchair seat	1
Walking aid	1
Crutches (pair)	1
Leg rest	1
 6. <i>Household Aids</i>	
Trolleys	44
Long-handled dustpans and brushes	14
Jar openers	11

Tap turners	..	..	..	..	..	..	..	..	7
Cooker guards	..	..	..	..	..	..	..	..	3
Tin openers	..	..	..	..	..	..	..	..	4
Shelves	..	..	..	..	..	..	..	..	2
Braille regulator	..	..	..	..	..	..	..	..	1
Vegetable peeler	..	..	..	..	..	..	..	..	1
Plate holder	..	..	..	..	..	..	..	..	1
Fire guard	..	..	..	..	..	..	..	..	1
Stair gate	..	..	..	..	..	..	..	..	1
Door closer	..	..	..	..	..	..	..	..	1
Gas fire lever	..	..	..	..	..	..	..	..	1
Inter-communication system	..	..	..	..	..	..	..	..	1
Window opener	..	..	..	..	..	..	..	..	1
Special table	..	..	..	..	..	..	..	..	1
Alarm system	..	..	..	..	..	..	..	..	1
Oven	..	..	..	..	..	..	..	..	1
Safety kettle tipper	..	..	..	..	..	..	..	..	1
Safety teapot tipper	..	..	..	..	..	..	..	..	1
7. <i>Miscellaneous Aids</i>	..	..	..	..	..	..	..	..	15

(e) CRAFT TEACHERS

As reported last year there is an increasing tendency for craft teachers to undertake domiciliary calls at the request of the area therapists in addition to their regular visits to the residential homes for the elderly. The last year has seen a marked increase in this direction with 1004 visits to residential homes and 2074 domiciliary visits. This additional work has been undertaken without loss of service to the homes through resourceful planning on the part of the staff concerned.

(f) SERVICE FOR THE BLIND AND PARTIALLY-SIGHTED

(i) *Craft Tuition*

Craft tuition has continued throughout the county in the homes of the blind or partially sighted as well as in groups. The groups continue to be popular and well attended with valuable support from the volunteers of the Buckinghamshire Association for the Blind.

(ii) *Mobility Training*

The number of cases referred for mobility training was 21 compared with 29 for the last year. Eleven patients have successfully completed training courses in mobility and eight are currently undertaking training. One person died before training was started and one is waiting to start training. No patients have been trained in sonic aids techniques during the year. Nine patients have completed or are in training in long cane techniques, and ten are in training or have completed training in short cane techniques.

(g) PROFESSIONAL EDUCATION

Students of occupational therapy have continued to visit on a regular basis in the county and lectures have been given on the community aspects of occupational therapy in the training schools in London, Oxford and Northampton.

Visits to the service by medical students have continued and lectures have been given to the nursing staff regarding occupational therapy in the community.

A report by a working party set up in March, 1973 by the Secretary of State for Social Services "The Remedial Professions Report" was published in December. The recommendations contained in this report together with those of the Report of the Remedial Professions Committee published by the Council for the Professions Supplementary to Medicine require serious and careful consideration in the future for the development of a comprehensive remedial service in the broad fields of health and social services.

3. Physiotherapy

The number of treatments given by the physiotherapy service to the residents of welfare homes amounted to 10,307 for the year 1973. Regular visits to the homes were carried out, and courses of treatment varied from single sessions to ones lasting several months, and consisted mainly of exercises, massage and electrotherapy. Treatments were carried out under the direction of the home's doctors. This was found to be a successful arrangement, and it is hoped will provide a good basis for further co-operation between general practitioners and paramedical groups working in the community.

As usual, the largest number of treatments was given to residents suffering from arthritic and non-articular rheumatic conditions (45%). There was an increase in the number of treatments given for the after effects of cerebro-vascular accidents (20%).

Liaison was maintained with the geriatric departments of the local hospitals, and after-care given where necessary upon the discharge of residents from hospitals to the residential homes.

The advisory role of physiotherapists was extended with advice being given to staff and residents, with a view to improving the comfort, mobility, and independence of residents. Disabilities were assessed and suitable aids were provided where necessary.

With physiotherapy in the future playing a larger role in the community, it is hoped that the onset of many disabling and chronic conditions may be retarded, and that transportation problems and the heavy call upon the hospital rehabilitation departments may be lessened.

AMBULANCE SERVICE

1. General

As in past years, the first six months showed an increase of 4.5% in the number of patients carried and of 2.9% in the mileage travelled over the corresponding period of 1972. However, this increase was not maintained and the last weeks of 1973 were marred by an industrial dispute following the breakdown of negotiations at national level on ambulancemen's pay. From mid November only emergency/acute and limited outpatient work was undertaken by ambulance personnel. The effect can be seen in the reduction, by 57,397 miles, of the total distance travelled by ambulance vehicles and 18,068 fewer patients were conveyed.

The total mileage was 1,907,301 and 297,340 patients were taken to hospital, averaging 6.41 miles per patient, as against 6.22 last year. There was a total of 18,838 emergencies an increase of 889 over the 1972 figure.

2. Ambulance car service

The ambulance car service has again been of considerable assistance throughout the year. The number of volunteer drivers has increased by four and every help was given during the industrial dispute for the conveyance of patients to and from hospital. Some 1,720 additional patients were conveyed and the annual mileage was increased by 44,734 to a total of 151,509. The average journey per patient was 20.5 miles. In addition, contract hire by coaches conveyed 10,370 patients over a distance of 56,070 miles.

3. Central control

September saw the appointment of specialised control staff, followed by the amalgamation of the Aylesbury area and the adjacent headquarters control into one unit, as the first step in the rationalisation of the radio-telephony system. The amalgamation passed without incident and we look forward to a similar exercise involving the Bletchley and High Wycombe area controls in the new year.

4. Staffing

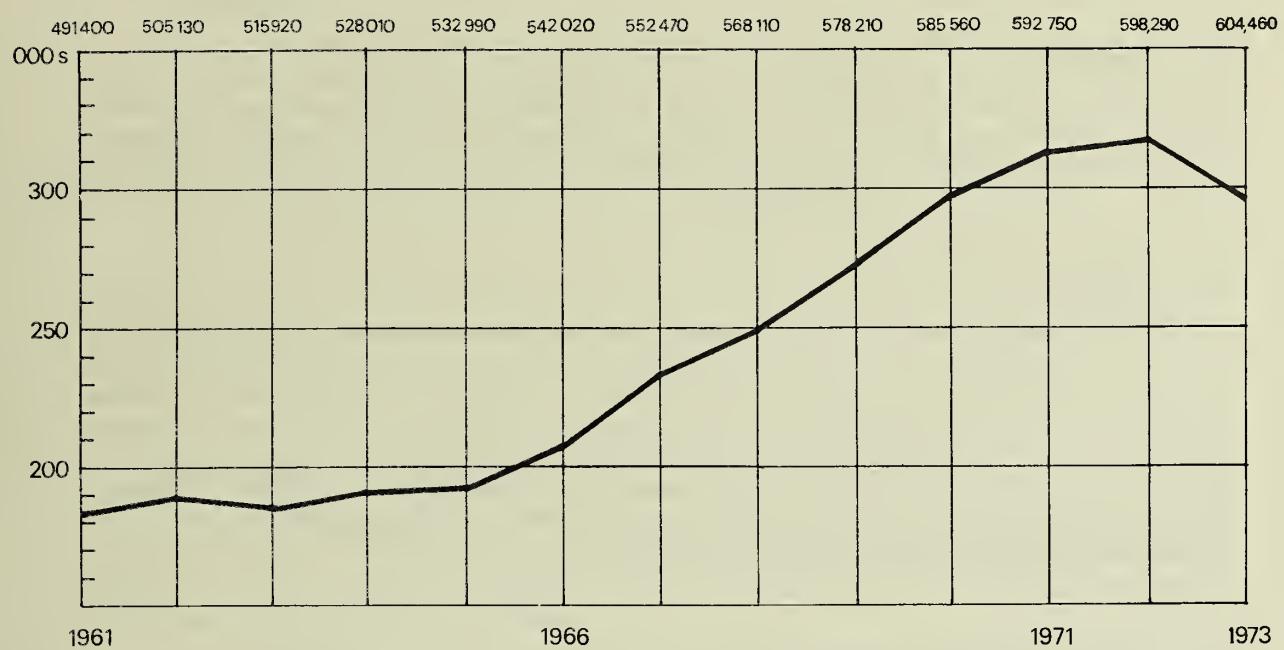
Difficulties in obtaining recruits for the service remained a factor during 1973 and 27 vacancies existed at the end of the year.

5. Safe driving

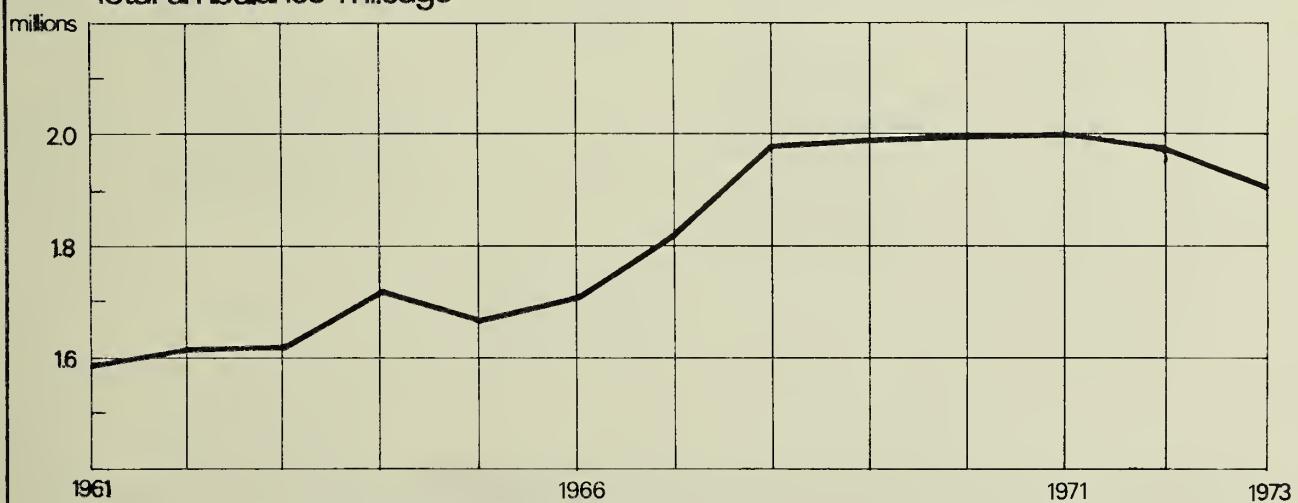
One hundred and twenty six drivers were successful in obtaining a safe driving award organised by the Royal Society for the Prevention of Accidents, having had one year of accident free driving.

Patients conveyed by ambulance

Population of Buckinghamshire



Total ambulance mileage



Average miles per patient

8.63 8.54 8.75 8.92 8.64 8.23 7.78 7.57 7.01 6.42 6.31 6.22 6.41

6. Air travel

Two patients were conveyed by air during the year.

7. Voluntary aid

The St. John Ambulance Association and the British Red Cross Society have been of particular assistance both with transport by St. John ambulance of patients on convalescent holidays, and with the provision of escorts. Sincere thanks are extended to them for their help throughout the year.

8. Training

Thirty three new entrants to the ambulance service were given local induction training during the year, and most of these went on to complete a full six week residential course in ambulance aid at one of the regional training schools. Ninety per cent of the staff have now attended a refresher course of training at one of the regional training schools. The staff who have not attended regional training schools include personnel who have long ambulance service and who have already attended a local course of training in ambulance aid and as a result of which have been assessed as proficient over the whole range of ambulance duties, including accident and emergency work. Two week residential courses in control duties and procedure were attended by 2 members of headquarters control staff.

**9. National association of ambulance officers
competitions**

While not doing quite so well as in previous years, the ambulance personnel representing Buckinghamshire in the Regional Competition, were second in the team test and came sixth and eighth respectively, in the attendant and drivers sections.

HEALTH EDUCATION

1. General review

The year under review has, once again, been a very full and active one in the field of health education. Routine assistance has been given to groups of all types, and special efforts have been made in areas, and with subjects, which it was felt had a priority.

The County Council have, over the past two decades, given health education an important role in its services to the public, and there is little doubt that this has been appreciated in many circles.

One of the major and immediate challenges following the reorganisation of the National Health Service will be the need to assess priorities across the whole field of health services in the light of limited resources. Decisions will often be difficult, and it is essential that there should be a clear understanding of the potential role and importance of health education, at present the responsibility of local health authorities, when the health service is integrated.

2. Group teaching

Group teaching is probably the most important part of health education, in that it involves people and encourages them to make their own decisions on factors influencing their personal habits and way of living. Such sessions are held with people at all levels, and ages, and brings the staff of the department very closely into contact with the community.

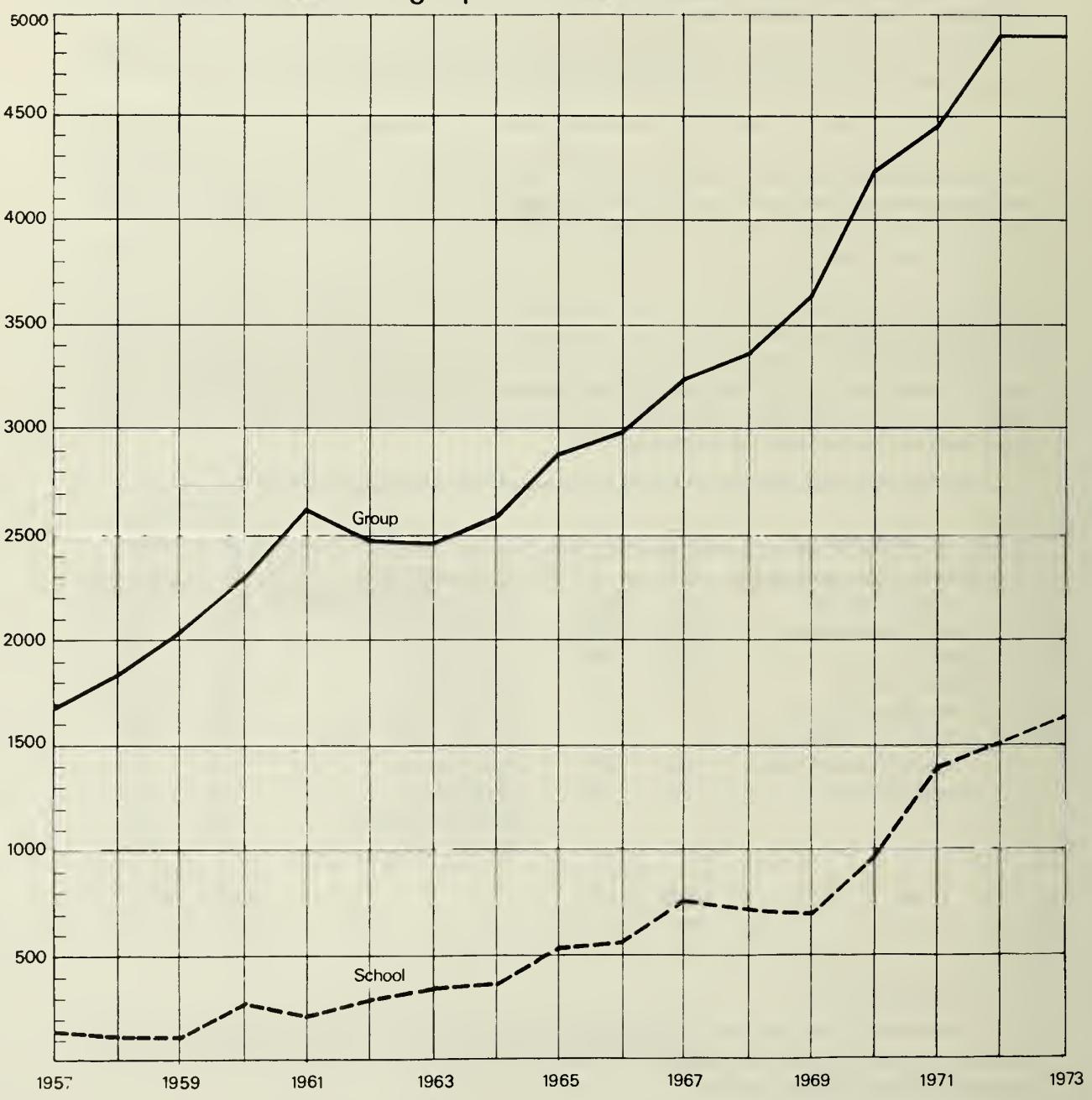
The following table indicates the nature of this work:—

<i>Talks given by:</i>	1973	1972	<i>Talks given to:</i>	1973	1972
Health visiting, midwifery and nursing staff ..	3,191	2,928	Ante-natal groups	1,958	1,825
Health education staff ..	1,064	1,062	Ante-natal classes attended by husbands	108	78
Dental staff	189	300	Schools	1,624	1,518
Medical officers	154	251	Student groups	268	306
Chiropodists, speech therapists, and other			Mothers' Clubs	201	389
County Council staff ..	254	291	County Council staff	176	193
Outside lecturers	21	80	Parents groups	55	45
			Youth groups	84	135
			Old People's Clubs	62	67
			Other groups	337	356
Totals	4,873	4,912		4,873	4,912

3. Ante-natal classes

The following table indicates the work carried out in the ante-natal field from the organised educational aspect, and the increased number of sessions emphasises once more that this is a valuable and necessary sphere of health education.

Health Education, Number of group sessions and sessions held in schools



	<i>Ante-natal classes</i>				<i>For husbands and wives</i>						
	<i>No. of sessions</i>		<i>No. of women attending</i>		<i>No. of sessions</i>		<i>No. of women attending</i>		<i>No. of men attending</i>		
	1973	1972	1973	1972	1973	1972	1973	1972	1973	1972	
Aylesbury	398	318	356	390	29	10	151	130	119	69
North Bucks	386	365	565	461	24	19	288	141	244	118
South Bucks	387	352	586	513	14	9	400	252	324	238
Wycombe	787	790	1,026	1,073	41	40	452	752	425	603
Totals	..	1,958	1,825	2,533	1,437	108	78	1,291	1,275	1,112	1,028

4. Publicity and exhibitions

Many exhibitions and displays were held, in a variety of situations, embracing such health topics as family planning, drugs and health, smoking and health, care with medicines, and environmental health. All such display work is produced within the section.

The volume of health education carried out involves a large number of people, and the consequent demand for teaching aids, and maintenance of visual aid equipment, is considerable. This demand too, is met by the resources of the section, providing an essential and valuable support service to those members of the staff engaged in the field.

RESEARCH, PUBLICATIONS AND VISITORS

1. General research activities

The joint research panel with the Social Services Department has continued to offer support and advice to members of the staff wishing to initiate research projects and to act as a point of contact with outside research organisations wishing to undertake research in the county.

Projects of particular interest begun in the year were a survey into the use of the pocket paging telephone system by "on-call staff" (both midwives and social workers) introduced by the Post Office telephone service and based on Reading, a study of the effect of a topical fluoride varnish in the control of dental caries in young schoolchildren and an evaluation of the Buckinghamshire County Council's day centre at High Wycombe.

A research study day was organised by the panel at the Stoke Mandeville post graduate medical centre which members of both departments attended. The theme was "Children at Risk" with particular emphasis on the battered child. Speakers with special experience in this field were invited and there was much discussion after their talks.

It is hoped that the panel will continue to function after reorganisation, although maybe in a slightly different form, as it is felt that it has a useful part to play in the running of the health service.

2. Research projects

(a) EVALUATION OF HEALTH CENTRES

Part I of the Wendover health centre study (described in a previous report) has now been analysed. Part II which is concerned with the work patterns of general practitioners and nurses and public opinion after the health centre has been opened has been completed and the results are now being analysed. It is too early to say whether the move to the health centre has been beneficial but it is hoped that this will become apparent when the two sets of results are compared.

(b) OTHER RESEARCH PROJECTS

A. PROJECTS UNDER CONSIDERATION

1. Study into health centre staffing.
2. Attitudes to health centres.
3. Diabetic research project in group therapy.

B. PROJECTS IN PROGRESS

1. Study on monitoring the care of the elderly.
2. Study on the use of a topical fluoride varnish in the control of dental caries in young schoolchildren.

3. An evaluation of Buckinghamshire County Council's day centre at High Wycombe.
4. Development project on an experimental approach to social work (task orientated casework).
5. A baseline study on the effects of de-fluoridation of the water on the health of children's teeth (Slough area).
6. Study on the development of the cervical cytology services in the Stony Stratford area.
7. Survey of sex education in the High Wycombe area.
8. Research on the feasibility of a group home for the mentally handicapped in Slough.
9. Survey of health education retirement courses.
10. Study of the content of work undertaken by nursing and health visiting staff.

C. COMPLETED PROJECTS

1. An enquiry into the use of district rooms.
2. Research in child psychiatry. (Anxiety in neonates).
3. Study on recruitment and deployment of health visiting staff in the High Wycombe area.
4. Survey of women attending ante-natal clinics.
5. Study of residents admitted to old peoples' homes in Buckinghamshire.
6. G.P.O. "bleep" system, (radio paging system). (a). District midwives (b). Social workers.

3. Visitors

There has continued to be international interest in the community health services particularly in Milton Keynes planning. Visitors during the year have included Colonel Koksoy, a World Health Fellow from Turkey, Dr. Brugnola from the Ministry of Health in Spain, Mrs. Danziger, a medical sociology student from Boston University, U.S.A. and a group of American students of mixed disciplines on an exchange visit to the Kings Fund College.

Medical students from the Royal Free Hospital School of Medicine (University of London) have continued to visit the county for periods of two weeks to obtain first hand experience of the community services. On one occasion they were joined by two students in health service administration and those involved gained insight not only into aspects of health care but also into the attitudes of another discipline.

Somewhat nearer home, the exchange visits of senior staff between the various health authorities in Buckinghamshire continued and were extended to include officers from Berkshire who wish to familiarise themselves with the services and people they would be taking responsibility for and working closely with, following reorganisation.

Visitors to the nursing services included Mrs. C. O'Neill, Psychiatric Nurse from Cape Town, South Africa; Mrs. A. Thomas, a World Health Organisation Fellow from India; Miss. T. Sato, Public Health Nursing Officer of Tokyo Metropolitan Government Office and Mr. Cang, Miss. Tolliday and Mrs. Plouviez of Brunel University.

4. Publications

Chick, J.R. "The Role of the Domiciliary Remedial Therapist", *Rheumatology and Rehabilitation*, 1973,12,192

Dickinson, A.L. "Points of Contact", *British Hospital Journal and Social Services Review*, 1973, 1257.

Gooding, D.G. "Planning Strategies, Policies and Implementation", *Community Medicine*, 1973, 343.

Kimmance, K.J. "The Role of the Local Authority", *Rheumatology and Rehabilitation*, 1973,12, 191

INFECTIOUS DISEASE

1. Immunisation

The number of children under 16 years of age vaccinated with different kinds of vaccine are given in the following table:—

		1973	1972
Completed primary courses			
Triple (diphtheria, tetanus, whooping cough)	...	7,756	8,838
Diphtheria/tetanus	...	335	415
Diphtheria	...	4	45
Tetanus	...	168	377
Poliomyelitis (Sabin vaccine)	...	8,162	9,172
Measles	...	7,932	9,213
Rubella	...	2,839	3,368
Re-inforcing doses			
Triple	...	209	727
Diphtheria/tetanus	...	9,969	8,994
Diphtheria	...	78	83
Tetanus	...	1,680	1,655
Poliomyelitis	...	10,448	7,532

2. Notifications

A summary of the notifications of infectious diseases during 1973 is given in Table I on page 67 of this report.

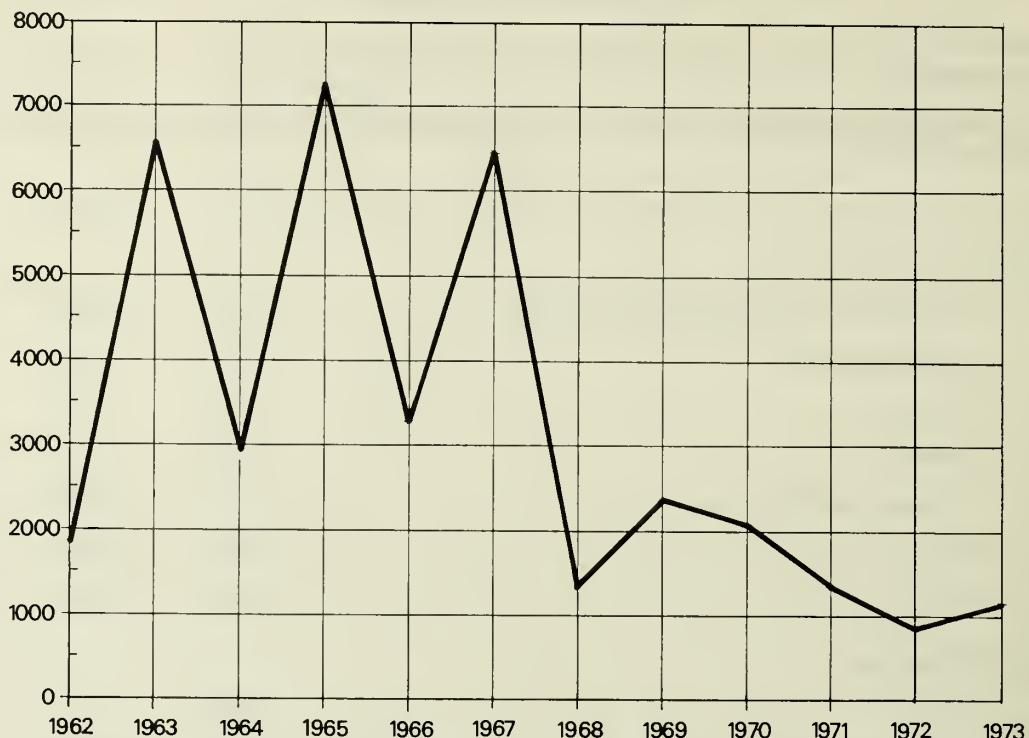
3. Tuberculosis

Dr. A. O. Robson, consultant chest physician, kindly supplied the following report:—

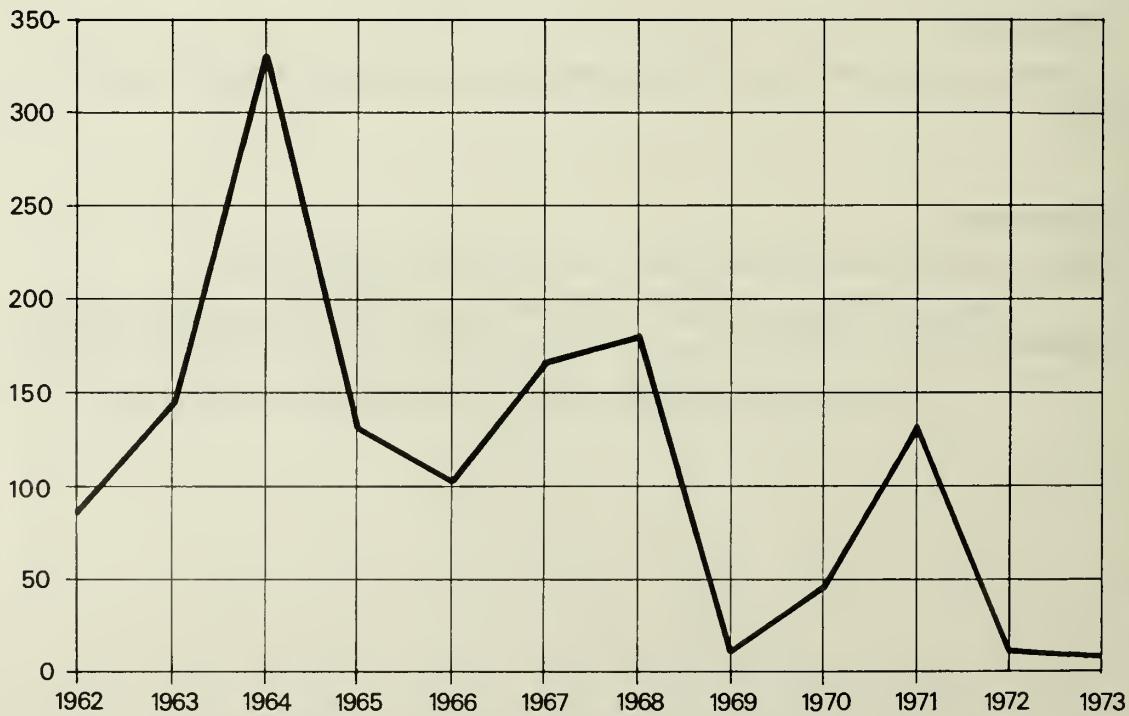
“There was no significant change in the numbers of cases of tuberculosis detected in Buckinghamshire in 1973. The ratio of cases in immigrants and the native population remains the same.

It is now standard practice that grade I reactors to tuberculin testing in school receive BCG.

Notifications of measles



Notifications of Pertussis (whooping cough)



Statistically the two most common groups in which the disease is found are the elderly and in the immigrant population, and any further control of the infection must be directed towards these two groups of people. Diagnosis of tuberculosis in the elderly is best detected by a high incidence of suspicion in the minds of their medical and nursing attendants. Contact tracing in immigrants presents difficulties due to the mobility of the immigrant population and the language barrier. It is important that new immigrants should be examined on arrival, although there is little evidence of many immigrants arriving in this country with existing active tuberculosis. Routine BCGs of neonates born to immigrant mothers should be considered a standard practice in the county.

The reorganisation of the local authority and National Health Service provides a great opportunity for improved case finding and following the integration of the various branches of the service it is one which I hope will not be lost".

4. Sexually transmitted diseases

The total number of persons newly notified as suffering from sexually transmitted diseases has, once again, increased and there can be no let up in the effort to halt this trend by education, contact tracing and any other means which may become available, including, in time, immunisation procedures.

The details received from the treatment centres are set out in the following table:—

Hospital	Syphilis		Gonorrhoea		Other sexually transmitted diseases	
	1973	1972	1973	1972	1973	1972
Royal Buckinghamshire Hospital, Aylesbury	2	4	60	35
Wycombe General Hospital	15	7	99	41
Bedford General Hospital	—	—	3	7
Hillingdon Hospital	1	—	12
King Edward VII Hospital, Windsor	12	7	82	96
Northampton General Hospital	1	—	15	3
St. Bartholomew's Hospital	—	1	1	4
St. Thomas's Hospital	—	—	6	—
Total	31	19	278	192
					1,446	1,300

INSPECTION AND SUPERVISION OF FOOD

Mr. G. L. Davies, the Chief Inspector, has kindly submitted the following report:—

1. Composition and quality

Seven hundred and ninety five samples of food and drugs were taken for analysis, both for composition and detection of preservatives or other additives at undesirable levels. Four hundred and sixty eight of these were submitted to the public analyst who commented adversely upon 52 of them. The samples may be classified as follows:—

Beer, beverages, cereal food and flour confectionery, cheeses, chestnut spread, chinese meal, cream, creamed mushrooms, colourings, flavourings and seasonings, curry mixtures, dehydrated foods, edible fats, fish products, flour, fresh vegetables, frozen fruit and vegetables, fruit fillings, fruit juices, glace cherries, herb rice, ice cream, iodine, jam and preserves, jellies, meat and meat products, milk and milk products, pie fillings, pickles and sauces, pizza, potato rings, salted nuts, soft drinks, soups and soup mixes, spirits, sugar confectionery, tinned fish, fruit and vegetables, vegetable juice, and wheatgerm.

Two hundred and eighty two samples of milk were tested in the Department's laboratory and most complied with the standard laid down by the Sale of Milk Regulations. Investigation of one sample disclosed that the quality was poor but there had been no adulteration.

One hundred and seven samples were taken at schools (under the milk-in-schools scheme), hospitals, children's homes and old persons' homes. All were satisfactory.

Forty nine complaints were received from the public about food products. They concerned alien matter in food, dirty containers and the quality of the food. In 9 cases the samples were examined by the public analyst, the remainder were dealt with after examination in the Department's laboratory.

There were 4 prosecutions during the year. Three followed complaints from the public. One concerned part of a cigarette packet in a loaf of bread and the other two were in respect of vodka and gin which contained added water. The fourth was a sample of imported "Milk Chocolate Santas" which were, in fact, made with skimmed milk.

At the beginning of the year the Labelling of Food Regulations 1970 came into full operation, and the responsibility of food manufacturers and packers to give more precise information to the consumer was greatly increased. The public is now made more aware than ever before of the true nature of pre-packed food.

The harmonisation of our own food standards with those of the European Economic Community has begun. New legislation has started to flow in and it is anticipated that the coming year will see a veritable flood.

2. Liquid egg pasteurisation

There are no egg pasteurisation plants in the administrative county.

3. Testing of milk for special purposes

(a) DISEASE INFECTION

Fifty five samples were examined for brucella infection and all were satisfactory. The number of farms supplying untreated milk or cream for retail sale has decreased in recent years and only twenty now remain.

These samples were also tested biologically for tubercle bacilli and bacteriologically for the presence of penicillin. All were negative for tubercle bacilli, but two samples contained very small amounts of penicillin. The farmers confirmed the recent use of penicillin in their herds and were warned to exercise greater care in the use of antibiotics.

(b) SPECIAL DESIGNATIONS

At the end of the year the following licences were in operation.

Dealer's (pasteuriser's) licences	..	..	..	6
Dealer's (pre-packed milk) licences	..	..	..	334

There are six pasteurising plants operating in the county and they process more than 16,000 gallons of milk daily. 195 samples have been taken to check the heat treatment. Six samples failed the methylene blue test and two failed the phosphatase test.

All designations of milk are sold in the county and 222 samples have been taken; only four samples of untreated milk and two samples of pasteurised milk failed the methylene blue test.

All schools and other county establishments take supplies of pasteurised milk. Sixty eight samples, all satisfactory, were taken during the year.

Specified Area Orders require that only special designations of milk may be sold in Buckinghamshire. Two hundred and sixty four visits were made and 469 samples, all satisfactory, were taken.

OTHER MATTERS

1. Building programme

It gives particular pleasure to record the start on site during the year of the new Aylesbury child health clinic located on Brook Street, Aylesbury within easy walking distance of the bus station and multi-storey car park. This scheme which replaces the existing clinic in Pebble Lane has been under consideration for well over ten years but has been delayed through difficulties in finding both a site and the necessary finance. Because of the increasing emphasis on health centres it is almost certainly the last child health clinic to be built as such in Buckinghamshire and one of the last in the country as a whole. Associated with the scheme is a child guidance clinic which is to provide additional facilities for the team currently located in Walton House, Aylesbury.

Other schemes which started on site during the year were the occupational therapy centre in High Wycombe, health centres in Amersham and Woughton (Milton Keynes) and a nurse's house in Oakley. The Woughton scheme is of particular interest as this is the first time a pre-fabricated building, similar to those used as temporary school classrooms, has been used to provide facilities in advance of the completion of a permanent building. It is intended that once need for the temporary centre has ceased in Woughton the building will be moved to other locations in the new city. Also of interest is the nurse's house at Oakley which provides in addition to the normal residential accommodation and district room, facilities for the local general practitioner to hold branch surgeries.

After a search for over five years it seems likely that a site has been found for an ambulance station in Amersham and it is hoped that the site in question will also accommodate the proposed occupational therapy centre. Sketch plans have been prepared for the new Milton Keynes ambulance station located close to the Woughton health centre and are being prepared for the extension of the existing Aylesbury station and ambulance headquarters to provide increased garage accommodation for vehicles and adequate space for the new central control.

Two health centres opened during the year, at Wendover and at Newport Pagnell and one feature the two have in common is that both are located next to the local fire station. The centre at Wendover, which provides accommodation for four general practitioners and the customary local authority services, opened in April and one particularly successful feature of the centre is the way in which shared use of the general purpose room by the speech therapist, chiropodist and social worker has worked out in practice. The centre at Newport Pagnell which also provides for four general practitioners opened in December. Here there is a purpose built speech therapy room but chiropody and dentistry will both be provided on the site by mobile units.

2. Water and sewerage

(a) WATER SUPPLY – BUCKS WATER BOARD

The Engineer and Manager of the Bucks Water Board has supplied the following information:—

1973 has seen the passing of the Water Bill which has, of course, become the Water Act of 1973 and under which there will be a complete reorganisation of the water and sewerage services with effect from 1st April, 1974.

Local Government reform is also due to take place on 1st April, 1974, but in this case the degree of change, although substantial, does not approach in scale the fundamental changes planned for the water and sewerage field. Furthermore, the Water Act of 1973 did not reach the statute book until late July and there has therefore been a quite inadequate allowance of time to make the necessary detailed arrangements.

The Water Act of 1973 has created ten new Regional Water Authorities covering England and Wales; to these new Authorities there will be transferred all existing water undertakings (except for Water Companies who will remain in being but act as agents for the new Authorities), all existing river authorities and the sewage disposal element of the sewerage service now provided by local authorities.

The boundary between two of the new Regional Water Authorities runs roughly east to west across Buckinghamshire about five miles to the north of Aylesbury; this boundary is, in fact, the catchment area boundary between the river Thames and the river Great Ouse. To the south of this line, which includes the southern part of the Bucks Water Board, the area will lie within the boundaries of the Thames Water Authority whereas to the north of this line, including the northern part of the Bucks Water Board, the area will lie within the boundaries of the Anglian Water Authority.

It has been decided, however, that on 1st April, 1974, the whole undertaking of the Bucks Water Board, together with the very tiny undertaking of the Borough of Buckingham, will form a single water supply division within the Anglian Regional Water Authority; the Headquarters of the Anglian Water Authority will be at Huntingdon and the area stretches from the mouth of the Thames in Essex to the south bank of the Humber in the new county of Humberside.

1973 has been a difficult year for water supply because of the lack of rainfall in the two preceding winters. The Board, in company with many other water undertakings, were obliged to place a ban on the use of hosepipes during the summer months; at the same time an appeal for restraint in the use of water was launched; to this appeal there was a ready response from consumers, to whom the Board were most grateful. As a result of these measures the expected peak summer demand was suppressed and supplies were maintained in all parts of the Board's area.

1973 has seen a further increase in population from an estimated figure of 375,000 in September 1972 to 381,000 in September 1973.

The figures of consumption in gallons per head per day for the year 1972/73 as compared with the previous year are set out below;

Consumption per head per day:	1972/1973	1971/1972
	gallons	gallons
(a) Metered	20.21	19.78
(b) Domestic	38.56	37.55
	<hr/>	<hr/>
	58.77	57.33

In view of the lack of winter rainfall mentioned above, it is of particular importance that adequate winter rainfall should occur during the winter 1973/74. Unfortunately, as this note is being written the early months of the winter (October, November and December) have been remarkably dry and the rainfall in the whole of the calendar year 1973 has only been about 70% of the average annual rainfall.

During the year much work has been done on the Board's new source at Medmenham. This will be the Board's largest source with a proved average daily yield of 8 million gallons. Unfortunately there have been delays in the building and civil engineering works but these are now nearing completion and plant will be commissioned early in 1974.

Development in 1973 has been steady throughout the whole of the Board's area but has, of course, predominated in the Milton Keynes area. The rate of development in Milton Keynes has not come up to expectations on account of the severe labour shortage and the consequent difficulty of getting work done.

(b) FLUORIDATION OF PUBLIC WATER SUPPLIES

The County Council agreed in 1963 to the principle of making arrangements with local water undertakings for the addition of fluoride to those water supplies in the county which have a natural deficiency in this respect. Fluoridation of the water supplies from the Radnage Pumping Station of the Bucks Water Board commenced in March this year, and monitoring samples are taken by the department three times a week. The Middle Thames Water Board has agreed to fluoridation of supplies within its area, which includes parts of south Buckinghamshire, and it is anticipated that this scheme will commence in 1974.

(c) WATER SUPPLY AND SEWERAGE SCHEMES

Under the provisions of the Rural Water Supplies and Sewerage Acts, The Department of the Environment and the County Council are empowered to make grants towards the costs of schemes of piped water supply and main drainage in the rural areas of the county.

Applications for such grants are received from rural district councils and are investigated as to their eligibility by the county health inspector. Once schemes are approved, the sites are visited during construction, and periodic visits are made after completion, to ensure that proper maintenance is being carried out. By December, 1973, the position was as follows:—

Eighty eight schemes of water supply had been submitted and approved at a total estimated cost of £1,633,785. Seventy one of these schemes have been completed.

The schemes of water supply completed during 1973 were as follows:—

Oakley Road, Worminghall.

Glebe Farm, Whaddon.

New Road, Weston Turville.

Spade Oak Reach, Bourne End.

Seven water supply schemes were submitted and approved during the year, and details of these are given below

Bucks Water Board	Aston Mullins Farm, Ford.	Estimated cost £4,178
	Glebe Cottage, Whaddon.	Estimated cost £1,986
	New Road, Weston Turville.	Estimated cost £ 977
	Oakley Road, Worminghall.	Estimated cost £3,606
	Ravenstone Mill, Ravenstone.	Estimated cost £ 831
	Westbury Court Farm, Marsh Gibbon.	Estimated cost £4,260
Eton Rural District Council	Love Lane, Iver.	Estimated cost £ 775

One hundred and seventy four main drainage schemes had been submitted and approved at a total estimated cost of £13,322,273 and 163 of these were completed or in progress.

The schemes of main drainage completed or in progress during the year were as follows:—

Amersham Rural District Council	Botley, Ley Hill and Lye Green main drainage. Hyde Heath main drainage.
Aylesbury Rural District Council	Ashendon and Dorton main drainage. Ludgershall main drainage. Stone Regional drainage scheme.
Buckingham Rural District Council	Dadford and Stowe school main drainage.
Eton Rural District Council	Burnham, Taplow and Dorney main drainage.
Newport Pagnell Rural District Council	Newton Blossomville and Clifton Reynes main drainage.
Winslow Rural District Council	East and Botolph Claydon main drainage.

Five drainage schemes were submitted and approved during the year, and details of these are as follows:—

Aylesbury Rural District Council	Long Crendon Extension of main drainage.	Estimated cost £211,800
Eton Rural District Council	Horton and Wraysbury main drainage, Stage 3.	Estimated cost £1,533,100
Newport Pagnell Rural District Council	Sherington and Lathbury main drainage.	Estimated cost £155,000
Wing Rural District Council	Mentmore main drainage.	Estimated cost £52,100
Winslow Rural District Council	Winslow extension of main drainage.	Estimated cost £102,000

3. Artificial kidney machines

At the end of the year there were 29 patients using home dialysis equipment with the aid of the Council's scheme which was 7 more than at the end of 1972. Sixteen new referrals were received during the year of which one patient died before completion of the necessary work.

4. Medical advisory services

(a) GENERAL

The area medical officers continue to carry out a number of clinical examinations of staff mainly in connection with the fire brigade and ambulance service to ensure fitness for their duties. A total of 674 medicals were performed during the year and in addition a further 423 candidates for admission to colleges of education were examined. Medical questionnaires completed by prospective employees, supplemented on occasions by written reports from other medical practitioners were sufficient to determine fitness for employment in another 2093 cases.

(b) FITNESS TO DRIVE

The Health Department continues to provide advice to the County Treasurer as agent to the Secretary of State for the Environment. As each investigation is completed the file is now sent to the medical adviser to the National Driver and Vehicle Licensing Centre at Swansea and by 1976 all licensing will be carried out at Swansea.

The following cases were investigated during the year:

Renewal applications:

1. Epilepsy	121
2. Giddiness and Fainting	9
3. Epilepsy/Giddiness/Fainting	1
4. Mental disorders	4
5. Other categories	<u>7</u>
	142

First Applications:

1. Epilepsy	56
2. Giddiness and Fainting	20
3. Epilepsy/Giddiness/Fainting	2
4. Mental disorders	9
5. Other categories	<u>47</u>
	<u>134</u>
	276

(c) LIAISON COMMITTEES ON DRUG DEPENDENCE AND MISUSE

The county and individual area committees continued to meet during the year and have provided a useful way for exchange of information on the current drug 'scene' between general practitioners, psychiatrists, probation officers, social workers, educationalists and the police.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF BUCKINGHAM, 1973

Causes of Death	Sex	Aggregate of Urban Districts										Aggregate of Rural Districts													
		Under 4 wks. 4 wks. under 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over	Total	Under 4 wks. 4 wks. under 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over	Total		
B.4 Enteritis and other diarrhoeal diseases ..	M	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	2			
B.5 Tuberculosis of respiratory system ..	M	-	2	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	2			
B.6(1) Late effects of respiratory T.B. ..	M	-	-	-	-	-	-	-	-	-	2	1	-	1	1	-	-	-	-	1	1	2			
B.6(2) Other Tuberculosis ..	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1			
B.11 Meningococcal infection	M	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	1			
B.17 Syphilis and its sequelae ..	M	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-			
B.18 Other infective and parasitic diseases ..	M	1	-	1	-	1	-	-	-	-	1	1	1	5	-	-	-	-	-	-	-	3			
B.19(1) Malignant neoplasm, Buccal cavity etc. ..	M	-	-	-	-	1	-	-	-	-	-	1	-	1	3	-	-	-	-	4	1	1			
B.19(2) Malignant neoplasm, oesophagus ..	M	-	-	-	-	-	-	-	-	-	2	2	2	4	-	-	-	-	1	1	5	6			
B.19(3) Malignant neoplasm, stomach ..	M	-	-	-	-	-	-	-	-	-	4	10	11	6	31	-	-	-	1	1	8	11			
B.19(4) Malignant neoplasm, intestine ..	M	-	-	-	-	-	-	-	-	-	3	8	11	14	36	-	-	-	1	10	10	11			
B.19(5) Malignant neoplasm, larynx ..	M	-	-	-	-	-	-	-	-	-	1	5	7	11	24	-	-	-	6	7	14	15			
B.19(6) Malignant neoplasm, lung, bronchus ..	M	-	-	-	-	-	-	-	-	-	3	7	48	52	35	145	-	-	1	9	40	48	133		
B.19(7) Malignant neoplasm, breast ..	M	-	-	-	-	-	-	-	-	-	1	5	13	11	7	37	-	-	1	9	11	14	87		
B.19(8) Malignant neoplasm, uterus ..	M	-	-	-	-	-	-	-	-	-	5	10	17	8	6	46	-	-	1	9	11	14	20		
B.19(9) Malignant neoplasm, prostate ..	M	-	-	-	-	-	-	-	-	-	2	5	3	3	4	17	-	-	2	2	1	2	25		
B.19(10) Leukaemia ..	M	-	-	-	-	-	-	-	-	-	1	1	3	10	10	24	-	-	1	1	1	1	7		
B.19(11) Other malignant neoplasms, ..	M	-	-	-	-	-	-	-	-	-	2	1	2	12	-	-	-	1	1	1	1	18			
B.20 Benign and unspecified neoplasms ..	M	-	-	1	-	1	-	1	-	1	5	13	18	29	30	98	-	-	1	2	3	1	87		
B.21 Diabetes mellitus ..	M	-	-	-	-	-	-	-	-	-	1	1	1	1	1	5	-	-	1	1	2	2	10		
B.22 Avitaminoses etc. ..	M	-	-	-	-	-	-	-	-	-	1	2	13	10	26	-	-	-	-	-	-	-	-		
B.46(1) Other endocrine, etc., diseases ..	M	-	1	-	-	-	-	-	-	-	1	1	3	4	2	11	-	-	1	1	2	2	8		
B.23 Anaemias ..	M	-	-	-	-	-	-	-	-	-	1	1	1	1	4	6	-	-	1	1	1	1	2		
B.46(2) Other diseases of blood ..	M	-	-	1	-	-	-	-	-	-	1	1	1	1	1	1	-	-	1	1	1	1	1		
B.46(3) Mental disorders ..	M	-	-	-	-	-	-	-	-	-	1	1	1	1	4	4	-	-	1	1	1	1	5		
B.24 Meningitis ..	M	-	-	-	-	-	-	-	-	-	1	1	1	1	1	1	-	-	1	1	1	1	1		
B.46(4) Multiple sclerosis ..	M	-	-	-	-	-	-	-	-	-	1	1	1	2	2	-	-	-	1	1	2	2	4		
B.46(5) Other diseases of nervous system ..	M	2	-	-	-	-	-	-	-	-	1	2	1	4	1	11	-	-	1	1	2	1	15		
B.26 Chronic rheumatic heart disease ..	M	-	-	-	-	-	-	-	-	-	1	1	1	3	5	3	11	-	-	1	1	3	9		
B.27 Hypertensive heart disease ..	M	-	-	-	-	-	-	-	-	-	1	1	1	5	3	6	17	-	-	1	1	2	4		
B.28 Ischaemic heart disease ..	M	-	-	-	-	-	-	-	-	-	2	14	60	88	124	100	388	-	-	1	4	32	84	400	
B.29 Other forms of heart disease ..	M	-	-	-	-	-	-	-	-	-	4	4	24	68	144	240	-	-	2	2	6	17	278		
B.30 Cerebrovascular disease ..	M	-	-	-	-	-	-	-	-	-	2	8	20	42	52	125	-	-	1	1	1	1	110		
B.46(6) Other diseases of circulatory system ..	M	1	-	-	-	-	-	-	-	-	1	1	2	8	12	27	121	173	-	-	3	5	9	30	176
B.31 Influenza ..	M	1	-	-	-	-	-	-	-	-	1	1	3	8	13	-	-	-	1	1	2	2	6		
B.32 Pneumonia ..	M	1	1	-	-	-	-	-	-	-	3	3	5	23	57	93	-	-	1	1	2	1	11		
B.33(1) Bronchitis and emphysema ..	M	-	3	-	-	-	-	-	-	-	3	1	5	22	106	140	-	-	1	1	2	1	77		
B.33(2) Asthma ..	M	-	-	1	-	-	-	-	-	-	1	5	4	10	20	-	-	1	1	2	6	43			
B.46(7) Other diseases of respiratory system ..	M	-	-	-	1	1	-	-	-	-	2	2	6	2	12	-	-	1	1	1	4	10			
	F	-	-	-	1	-	-	-	-	-	2	3	7	13	-	-	-	1	1	1	1	15			

continued overleaf

**CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE
COUNTY OF BUCKINGHAM, 1973—continued**

Causes of Death				Sex	Aggregate of Urban Districts										Aggregate of Rural Districts												
					Under 4 wks.	4 wks.-under 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over	Total	Under 4 wks.-4 wks.-under 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over	Total
B.34	Peptic ulcer	..	..	M	-	-	-	-	-	-	-	-	-	-	7	13	-	-	-	-	-	-	2	8	17
B.35	Appendicitis	..	..	F	1	-	-	-	-	1	-	-	-	-	1	4	-	-	-	-	-	-	1	8	10
B.36	Intestinal obstruction and hernia	..	..	M	1	2	-	1	-	-	-	-	-	1	1	2	8	-	-	-	-	-	3	3	3
B.37	Cirrhosis of liver	..	..	M	-	-	-	-	1	-	-	-	2	2	1	-	6	-	-	-	-	-	2	3	15
B.46(8)	Other diseases of digestive system	..	..	M	-	-	-	-	-	-	1	2	3	4	1	3	11	-	-	-	-	-	1	2	3
B.38	Nephritis and nephrosis	..	..	M	-	-	-	-	-	1	-	-	1	7	7	4	16	-	-	-	-	-	1	7	11
B.39	Hyperplasia of prostate	..	..	M	-	-	-	-	-	-	-	-	-	1	2	3	-	-	-	-	-	-	1	8	10
B.46(9)	Other diseases, genito-urinary system	..	..	M	-	-	-	-	-	-	-	-	1	3	5	9	-	-	-	-	-	-	1	2	12
B.41	Other complications of pregnancy	..	..	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	9	16
B.46(10)	Diseases of skin subcutaneous tissue	..	..	M	-	-	-	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-	1	3	1
B.46(11)	Diseases of musculo-skeletal system	..	..	M	-	-	-	-	-	1	1	-	-	1	1	1	3	-	-	-	-	-	1	1	3
B.42	Congenital anomalies	..	..	M	13	1	2	3	-	-	1	1	1	1	-	21	6	2	1	1	1	1	2	1	12
B.43	Birth injury, difficult labour, etc.	..	..	F	10	4	-	-	-	1	-	-	-	-	1	16	3	2	2	1	1	1	1	1	9
B.44	Other causes of perinatal mortality	..	..	M	3	-	-	-	-	-	-	-	-	-	-	3	9	-	-	-	-	-	-	-	9
B.45	Symptoms and ill-defined conditions	..	..	M	1	4	-	-	-	-	1	-	-	-	-	6	6	2	1	1	1	1	1	1	3
BE.47	Motor vehicle accidents	..	..	M	1	4	-	-	1	6	2	4	2	1	2	18	-	1	1	1	1	1	2	4	32
BE.48	All other accidents	..	..	M	-	-	-	-	1	1	1	4	-	3	2	13	-	1	1	1	1	1	2	2	8
BE.49	Suicide and self-inflicted injuries	..	..	M	-	-	-	-	3	2	4	1	3	2	-	7	17	-	1	3	2	1	1	1	12
BE.50	All other external causes	..	..	M	-	-	-	-	4	1	-	2	-	1	-	8	-	1	-	1	-	1	1	2	
All causes total				M	37	14	7	11	21	15	45	129	269	398	419	1365	12	12	4	8	25	12	27	93	237425	542	1397
				F	20	13	5	6	6	8	29	70	146	264	656	1223	19	5	4	5	10	6	28	59	135258	839	1368
Total					57	27	12	17	27	23	74	1994	15662	1075	2588	31	17	8	13	35	18	55	152	372683	1381	2765	

CHILD HEALTH CLINICS

CLINICS	ADDRESS	DOCTOR ATTENDS
AMERSHAM (NEW TOWN)	St. John Ambulance H.Q., Chiltern Avenue	Weekly
AMERSHAM (OLD TOWN)	Baptist Church Hall, High Street	Monthly
ASTON CLINTON	Baptist Church Hall	Do.
AYLESBURY	The Clinic, Pebble Lane	Weekly
AYLESBURY—QUARRENDON	Child Welfare Centre, 1 Lay Road	Weekly
" SOUTHCOURT	Church of the Good Shepherd, Church Square, Southcourt	
" BEDGROVE	The Health Centre, Jansel Square	Twice monthly Weekly
BLETCHLEY	School Clinic, Whalley Drive	Weekly
"	Methodist Church, Bletchley Road	Twice monthly
BOURNE END	The Community Centre	Weekly
BRILL	The Institute	Monthly
BUCKINGHAM	Congregational School Room	Monthly
BURNHAM	Health Centre, Minnicroft Road, off Gore Street	Twice monthly
" LENT RISE	Methodist Church Hall, Lent Rise	Weekly
CHALFONT ST. GILES	Scout Hut, Silver Hill	Twice monthly
CHALFONT ST. PETER	Community Centre, Amersham Road	Twice monthly
CHARTRIDGE	Village Hall	Monthly
CHEDDINGTON	Methodist Schoolroom	Monthly
CHESHAM	The School Clinic, Germain Street	Twice weekly
" POND PARK	Community Hall, Windsor Road, Pond Park, Chesham	Twice monthly
DATCHET	Village Hall	Twice monthly
DENHAM	Health Clinic, Oxford Road	Thrice monthly
DORNEY	Village Hall	Monthly
DOWNLEY	Memorial Hall	Weekly
EDLESBOROUGH	Memorial Hall	Monthly
ETON WICK	Village Hall	Twice monthly
FARNHAM COMMON	Village Hall, Victoria Road	Monthly
FARNHAM ROYAL	Village Hall	Twice monthly
FARNHAM ROYAL, BRITWELL ESTATE	Wentworth Avenue, Britwell Estate	Weekly
FLACKWELL HEATH	Community Centre	Weekly
GERRARDS CROSS	Memorial Hall	Monthly
GREAT HAMPDEN	Village Hall	Do.
GREAT KINGSHILL	Village Hall	Do.
GREAT MISSENDEN	Baptist Church Hall	Do.
GRENDON UNDERWOOD	Village Hall	Do.
HADDENHAM	The Health Centre, Banks Road	Do.
HALTON (Voluntary)	R.A.F. Camp, Halton	No doctor
HANSLOPE	Church Institute	Monthly
HAZLEMERE	Penn Road Methodist Schoolroom	Twice monthly
HIGH WYCOMBE	Health Clinic, Abbey Way	Weekly
" BOOKER	St. Birinus Church Hall, Sycamore Road	Twice monthly
" CASTLEFIELD	The Health Clinic, Chiltern Avenue	Twice monthly
" DEEDS GROVE	Methodist Church, Desborough Avenue	Twice monthly
" MICKLEFIELD	St. Peter's Church Hall	Weekly
" SANDS	War Memorial Hall	Do.
" TOTTERIDGE	St. Andrews Church Hall	Do.
" WEST WYCOMBE	Community Centre	Monthly
HOLMER GREEN	Village Centre	Weekly
HOLTSPUR	Congregational Church Hall, Crabtree Close	Monthly
HORTON	Champneys Hall	Do.
HUGHENDEN VALLEY	Village Hall	No doctor
IVER	Church Institute, Thorney Lane	Monthly
IVER HEATH	New Village Hall	Twice monthly
IVINGHOE	Youth Hostel	Twice monthly
LACEY GREEN	Village Hall	Monthly
LANE END	Memorial Hall	Twice monthly
LEE COMMON	Ballinger War Memorial Hall	Monthly
LITTLE CHALFONT	Little Chalfont Hall	Twice monthly
LONG CRENDON	Sports Pavilion	Monthly
LONGWICK	Village Hall	Monthly
LOUDWATER	St. Peter's Church Hall	Twice monthly
MARLOW	Health Clinic, Victoria Road	Weekly
MARLOW BOTTOM	Village Hall	Twice monthly
MEDMENHAM (Voluntary)	R.A.F. Camp, Medmenham	No doctor
NAPHILL	Village Hall	Twice monthly
NEWPORT PAGNELL	The Health Centre, Station Road	Thrice monthly
NEW BEACONSFIELD	Youth Club, Maxwell Road	Twice monthly
NEWTON LONGVILLE	Methodist Church Schoolroom	Monthly

CHILD HEALTH CLINICS—*continued*

CLINICS	ADDRESS	DOCTOR ATTENDS
OLNEY	Church Hall, High Street	Twice monthly
PRESTWOOD	Village Hall	Thrice monthly
PRINCES RISBOROUGH	Wellington House	Twice monthly
QUAINTON	Memorial Hall	Monthly
RADNAGE	Cricket Pavilion	Monthly
RICHINGS PARK, IVER	St. Leonard's Church Hall, Richings Park	Monthly
ST. LEONARDS-CUM-CHOLESBURY	Village Hall, Cholesbury	Do.
SEER GREEN AND JORDANS	Baptist Schoolroom, Seer Green	Do.
SLOUGH	Health Clinic, Burlington Road	Twice weekly
" CIPPENHAM	Central Hall, Bower Way	Weekly
" PARLAUNT PARK	Parlaunt Road	Do.
" THE MERRymAKERS HALL	Meadow Road, Langley	Do.
" ST. MICHAEL'S	Slough Social Centre, Farnham Road	Do.
" WEXHAM COURT	Wexham Court, Knolton Way, Slough	Do.
STEEPLE CLAYDON	Library Hall	Monthly
STEWKLEY	Village Hall	No Doctor
STOKENCHURCH	The Health Centre, Lower Church Street	Monthly
STOKE POGES	Village Hall	Twice monthly
STONE	Village Hall	Monthly
STONY STRATFORD	Scouts Hut	Do.
TWYFORD	Village Hall	Monthly
TYLERS GREEN AND PENN	Methodist Church Hall, Coppice Farm Rd., Tylers Green	Twice monthly
WADDESDON	Village Hall	Monthly
WENDOVER	Health Centre	Weekly
WESTON TURVILLE	Union Chapel Hall	Monthly
WHITCHURCH	Methodist Hall	Monthly
WIDMER END	Village Hall	Weekly
WING	Village Hall	Monthly
WINSLOW	The Health Centre, Avenue Road,	Twice monthly
WOBURN SANDS	The Institute	Monthly
WOLVERTON	Scouts' Hall	Monthly
WOOBURN GREEN	St. Mary's Hall	Twice monthly
WRAYSBURY	Village Hall	Twice monthly
CHILD HEALTH CLINICS AT FAMILY DOCTORS' SURGERIES		
BRADWELL	122 Newport Road	Twice monthly
BEACONSFIELD	Whin Willow, Pennington Road	Monthly
"	51 Wycombe End	Twice monthly
COLN BROOK	Colnbrook	Weekly
ETON	Eton Court House	Monthly
HIGH WYCOMBE	24 Priory Avenue	Weekly
"	169 West Wycombe Road	Weekly
PENN & TYLERS GREEN	46 St. Mary's Street	Monthly
PRINCES RISBOROUGH	Madry	Weekly
	The Old Cross Keys	Weekly

MOBILE HEALTH CLINICS

(Doctor attends each session)

MONTHLY SESSION

VILLAGES VISITED

First Monday (afternoon)	Chearsley, Cuddington, Dinton, Stoke Hammond, Mursley, Little Horwood.
Fourth Monday "	Bierton.
First Tuesday (morning)	Slapton, Ivinghoe Aston, Marsworth.
First Tuesday (afternoon)	Preston Bissett, Tingewick, Gawcott.
Second Tuesday (morning)	Castlethorpe, Haversham.
Second Tuesday (afternoon)	Great Kimble, Butlers Cross.
Fourth Tuesday "	Wingrave.
First Thursday	Adstock, Padbury.
Second Thursday "	Shabbington, Ickford, Worminghall, Oakley.
Third Thursday "	Thornborough, Nash, Whaddon.
First Friday (morning)	Bow Brickhill, Little Brickhill, Great Brickhill.
First Friday (afternoon)	Stoke Goldington, Lavendon.
Second Friday (morning)	North Crawley, Sherington.
Second Friday (afternoon)	Lillingstones, Akeley, Maids Moreton.
Third Friday (morning)	Denham.
Fourth Thursday (afternoon)	

TABLE I
SUMMARY OF NOTIFICATIONS OF INFECTIOUS DISEASES RECEIVED
DURING THE YEAR 1973

DISTRICT	Tuber-cu-losis		Scarlet Fever	Whooping Cough	Diphtheria	Measles	Acute Meningitis	Acute Polio-myelitis	Acute Encephalitis	Dysentery	Ophthalmia neonatorum	Infective Hepatitis	Smallpox	Para-typhoid Fever	Typhoid Fever	Food poisoning	Malaria		
	Respiratory	Other																	
URBAN																			
1. Aylesbury Borough	12	1	3	—	—	34	—	—	—	—	3	—	3	—	—	—	1	—	
2. Beaconsfield	—	—	3	—	—	3	—	—	—	—	—	—	1	—	—	—	1	—	
3. Bletchley	4	—	26	2	—	269	—	—	—	—	1	—	25	—	—	—	4	—	
4. Buckingham Borough	—	—	—	—	—	2	—	—	—	—	—	—	2	—	—	—	—	—	
5. Chesham	3	2	—	—	—	130	—	—	—	—	1	—	1	—	—	—	—	—	
6. Eton	4	1	—	—	—	42	—	—	—	—	—	—	1	—	—	—	—	—	
7. High Wycombe Borough	15	14	3	—	—	56	—	—	—	—	—	—	3	—	—	—	5	5	
8. Marlow	2	—	—	—	—	—	—	—	—	—	—	—	9	—	—	—	1	—	
9. Newport Pagnell	—	—	1	—	—	92	—	—	—	—	—	—	2	—	4	—	1	2	
10. Slough Borough	29	20	14	—	—	8	—	—	—	—	4	—	6	—	—	—	4	15	
11. Wolverton	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
TOTAL URBAN	71	39	51	2	—	636	—	—	—	1	—	12	—	55	—	—	1	18	20
RURAL																			
1. Amersham	7	1	7	1	—	246	1	—	—	—	1	5	—	3	—	—	72	—	
2. Aylesbury	5	—	3	—	—	4	—	—	—	—	—	9	—	3	—	—	2	—	
3. Buckingham	—	—	2	—	—	42	—	—	—	—	—	7	—	—	—	—	—	—	
4. Eton	6	1	2	—	—	52	—	—	—	—	—	1	—	—	—	—	2	—	
5. Newport Pagnell	2	2	1	—	—	66	—	—	—	—	—	—	2	—	—	—	1	—	
6. Wing	1	—	2	—	—	15	—	—	—	—	—	—	—	—	—	—	—	—	
7. Winslow	1	—	3	—	—	70	—	—	—	—	—	—	2	—	—	—	—	—	
8. Wycombe	6	—	3	3	—	62	—	—	—	—	—	1	—	—	—	—	7	—	
TOTAL RURAL	28	4	20	7	—	557	1	—	—	—	1	16	—	22	—	—	84	—	
TOTAL FOR COUNTY	99	43	71	9	—	1193	1	—	—	1	1	28	—	77	—	—	1	102	20

TABLE II
POPULATIONS, BIRTH AND DEATH RATES FOR THE YEAR 1973

District	Population Census 1971	Registrar-General's estimated population mid 1973	Births		Deaths	
			Number	Rate per 1,000 population	Number	Rate per 1,000 population
URBAN						
Aylesbury	40,569	41,420	614	14.8	340	8.2
Beaconsfield	11,875	11,700	96	8.2	105	9.0
Bletchley	30,627	33,450	671	20.1	234	7.0
Buckingham	5,076	5,290	77	14.6	42	7.9
Chesham	20,447	20,830	352	16.9	163	7.8
Eton	3,956	4,950	45	9.1	32	6.5
High Wycombe	59,340	61,190	944	15.4	520	8.5
Marlow	11,749	11,940	166	13.9	91	7.6
Newport Pagnell	6,334	7,040	144	20.5	105	14.9
Slough	87,075	89,060	1,415	15.9	760	8.5
Wolverton	13,821	14,270	261	18.3	196	13.7
TOTAL URBAN	290,869	301,140	4,785	15.9	2,588	8.6
RURAL						
Amersham	68,496	69,410	824	11.9	642	9.2
Aylesbury	38,552	37,940	521	13.7	426	11.2
Buckingham	9,557	10,300	147	14.3	93	9.0
Eton	72,051	72,440	779	10.8	632	8.7
Newport Pagnell	15,841	16,790	240	14.3	180	10.7
Wing	10,754	11,330	187	16.5	86	7.6
Winslow	10,127	10,410	166	15.9	166	15.9
Wycombe	71,312	74,700	1,177	15.8	540	7.2
TOTAL RURAL	296,690	303,320	4,041	13.3	2,765	9.1
TOTAL COUNTY	587,559	604,460	8,826	14.6	5,353	8.9
ENGLAND AND WALES		49,174,600	675,963	13.7	587,696	12.0

COMPARATIVE TABLE OF BIRTH, DEATH AND INFANT MORTALITY RATES FOR TEN YEAR PERIOD, 1964-1973

YEAR	BIRTH RATE per 1,000 population				DEATH RATE per 1,000 population				INFANT MORTALITY RATE per 1,000 births			
	Urban	Rural	County	England and Wales	Urban	Rural	County	England and Wales	Urban	Rural	County	England and Wales
1964	21.8	18.5	20.1	18.4	8.4	9.1	8.7	11.3	16.5	17.1	16.7	20.0
1965	20.9	18.4	19.6	18.1	8.4	9.3	8.9	11.5	13.2	16.9	14.9	19.0
1966	20.6	17.3	18.9	17.7	8.9	9.5	9.2	11.7	15.0	16.9	15.9	19.0
1967	19.6	16.6	18.1	17.2	8.6	9.2	8.9	11.2	14.7	16.9	15.7	18.3
1968	19.2	16.5	17.9	16.9	8.8	9.4	9.1	11.9	15.0	12.0	14.0	18.0
1969	18.8	15.6	17.2	16.3	8.5	9.3	8.9	11.9	16.0	10.0	13.0	18.0
1970	17.9	15.7	16.9	16.0	8.3	9.5	8.9	11.7	17.0	11.0	15.0	18.0
1971	18.5	15.4	16.9	16.0	8.4	9.0	8.7	11.6	19.0	12.0	16.0	18.0
1972	17.3	14.1	15.7	14.8	8.6	9.4	9.0	12.1	16.0	10.0	13.0	17.0
1973	15.9	13.3	14.6	13.7	8.6	9.1	8.9	12.0	18.0	12.0	15.0	17.0

SCHOOL HEALTH SERVICE

NUMBER OF CHILDREN ON SCHOOL ROLLS

Nursery schools	1,090
Primary schools (including nursery classes)	75,623
Secondary modern schools	21,499
Selective secondary schools	10,820
Comprehensive schools	5,673
Special schools	1,523
Total	<u>116,228</u>

MEDICAL EXAMINATION OF SCHOOL CHILDREN

1. General

School doctors are concerned with those aspects of health which could interfere with a pupil's ability to benefit from education. In addition to their medical background they require a sound knowledge of the schools and a close working relationship with the teachers.

The duties of the school doctor and school nurses were summarised in last year's report, and it is clear that they both have an important and continuing contribution to make towards the maintenance and improvement of health amongst schoolchildren, which must be preserved following reorganisation of the National Health Service. The medical and nursing staff visit all schools on a regular basis at least once every term. Medical examinations take place when the child is first admitted to school and thereafter only when the teacher, parent or doctor requests it.

2. Computerisation of school health records

From January 1973 the computer held child health record system has been extended to include the school health record for all children born in 1968 or later. This has been a step towards an integrated record for these children and has enabled the school medical officer to have in front of him at the medical examination a computer printed summary of the child's past medical history, immunisation state etc.

Use of the computer ensures the appropriate recall of children for review and to produce the statistics required annually. During the first year of the scheme some constructive criticism has been made and as a result minor modifications will be introduced during 1974.

HANDICAPPED PUPILS

During the year 400 pupils were ascertained as handicapped requiring special education compared with 470 in 1972.

The graph shows the increase in the number of handicapped pupils, other than those in ordinary schools, over the last seven years, and in the following paragraphs the different types of handicap as described in the Handicapped Pupils Regulations 1953 are mentioned in greater detail.

Blind

There are 6 blind children in the county, one of whom was newly assessed during the year and one was awaiting placement in a special school.

Partially sighted

There are 16 partially sighted pupils one of whom was newly assessed during the year. Two were awaiting placement at the end of the year.

Deaf

Twenty-one deaf pupils have been placed in special schools. One was awaiting placement at the end of the year.

Partially hearing

There are 82 partially hearing pupils, one of whom was awaiting placement at the end of the year, ten were newly assessed during the year.

Physically handicapped

Of the 122 physically handicapped pupils in the county, 35 were newly assessed during the year and six were awaiting places in suitable schools at the end of the year.

Delicate

There are 25 delicate pupils, mainly children with asthma or a debilitating disease of some kind. Ten were newly assessed during the year and four were awaiting placement at the end of the year.

Maladjusted

The number of children classified each year as maladjusted continues to increase. In 1973 there were 297 such pupils, the corresponding figure for 1972 being 250. Ninety-three pupils were newly ascertained and 53 were awaiting placement at the end of the year.

Educationally subnormal

There were 1946 children in this category, 102 more than in 1972. Two hundred and forty three were newly ascertained during the year and two hundred and twenty two children were awaiting placement at the end of the year.

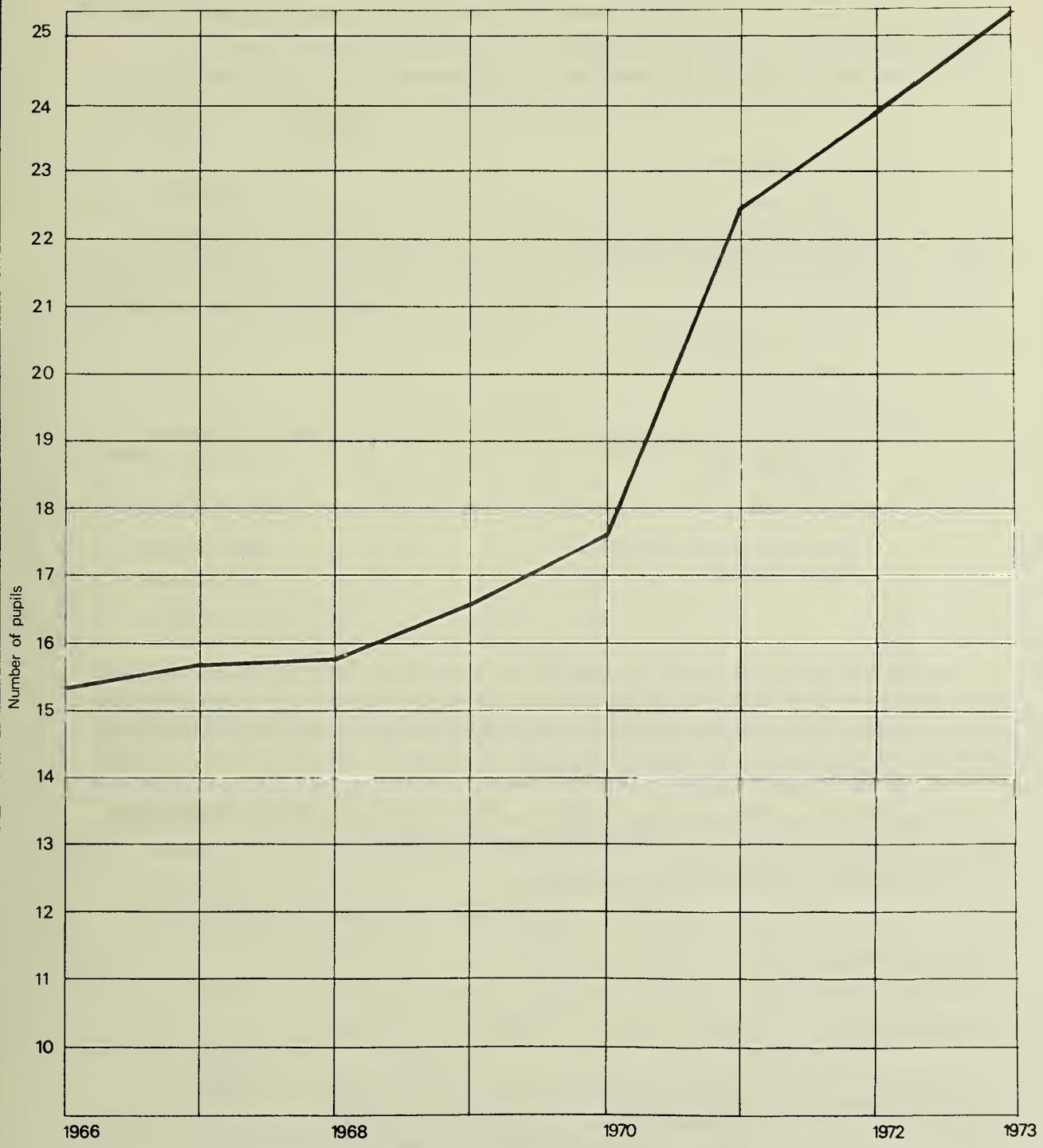
Epileptic

There are eleven pupils whose epilepsy is such that education in a special school is necessary. Five were newly assessed during the year and one was awaiting placement at the end of the year.

Speech defects

Two pupils have been ascertained as having severe speech defects.

Handicapped pupils requiring special education in special schools,
units or at home.



SPEECH THERAPY SERVICE

1. Staff

The local authority establishment in January 1973 allowed for 15 speech therapists, in October 1973 two additional posts were created and divided between the health areas.

The total establishment in January and October was as follows:—

	<i>January</i>	<i>October</i>
County Senior Speech Therapist	1	1
North Bucks Area		
Area Senior Speech Therapist	1)	1)
Speech Therapists	2)	2.5)
Aylesbury Area		
Area Senior Speech Therapist	1)	1)
Speech Therapists	2)	2.5)
Wycombe Area		
Area Senior Speech Therapist	1)	1)
Speech Therapists	4)	5)
South Bucks Area		
Area Senior Speech Therapist	1)	1)
Speech Therapists	2)	2)
Totals	<u>15</u>	<u>17</u>

For personal reasons, five speech therapists left the service during 1973. One was the area senior speech therapist in North Bucks, who left the local authority service in January 1973. A speech therapist already working in North Bucks was appointed to this position, leaving a vacancy for a full-time speech therapist in the area. The other four speech therapists who left during 1973 were all working on a sessional basis, one in North Bucks and three in the Wycombe area.

Four speech therapists were appointed during 1973; one to work full-time in North Bucks, the remainder to work on a sessional basis in the North Bucks, Wycombe and South Bucks areas.

The staff situation in December 1973 was as follows:—

	<i>Establishment</i>	<i>In post</i>	<i>Vacancy</i>
County headquarters	1	—
North Bucks area	3.5	2.4
Aylesbury area	3.5	2
High Wycombe area	6	4.7
South Bucks area	3	1.5
Totals	<u>17</u>	<u>11.6</u>	<u>5.4</u>

The vacancies that have existed during the year have been advertised, but only one speech therapist joined the staff in 1973 having been made aware of the vacancies by this means. The other speech therapists who came to work in Buckinghamshire in 1973 are married women who have been contacted in the past few years and who now find their family commitments less demanding. They find they are able to work for a few sessions a week but not on a full-time basis.

It is regrettable that it has not been possible to recruit up to establishment since October 1973 when the establishment was increased by two posts. This picture is unfortunately a national one and makes the possibility of running a really efficient and effective speech therapy service somewhat remote.

2. Mobile unit

From January until September 1973 the mobile unit was used for six sessions a week in the Aylesbury area to provide a service to outlying parts of the area. In September 1973 one of the speech therapists able to drive the mobile unit transferred to the Wycombe area and unfortunately it has not yet been possible to replace her; consequently the use of the mobile unit has been restricted since September.

3. Statistics

The number of cases treated by Buckinghamshire local authority speech therapists during 1973 was as follows:—

North Bucks area ..	..	..	..	..	265
Aylesbury area ..	..	..	..	..	487
Wycombe area ..	..	..	..	..	920
South Bucks area ..	..	..	..	..	388
<hr/>					
2,060					

The table shows the number of children receiving speech therapy over the past five years:—

		1973	1972	1971	1970	1969
North Bucks area ..	..	265	613	527	497	333
Aylesbury area ..	..	487	501	297	355	251
Wycombe area ..	..	920	1,010	782	621	219
South Bucks area ..	..	388	378	358	337	292
<hr/>						
2,060						1,095

The decrease in the number of children who received treatment during 1973 relates to the staffing problems described earlier.

Seven meetings were held in Aylesbury for local authority speech therapists during 1973. These meetings were very well attended and continue to be an invaluable means of working as a group, thus encouraging speech therapists who have not worked for some time to feel more confident and making it

more likely that they will continue working as speech therapists. All the speech therapists are most willing to share their knowledge, and in a sizeable group the extent of their collective experience is considerable, including as it does experience of working in most of the English-speaking countries of the world.

4. Training

Three in-service training days held during the year were very successful, and in addition eleven speech therapists attended courses organised outside the county.

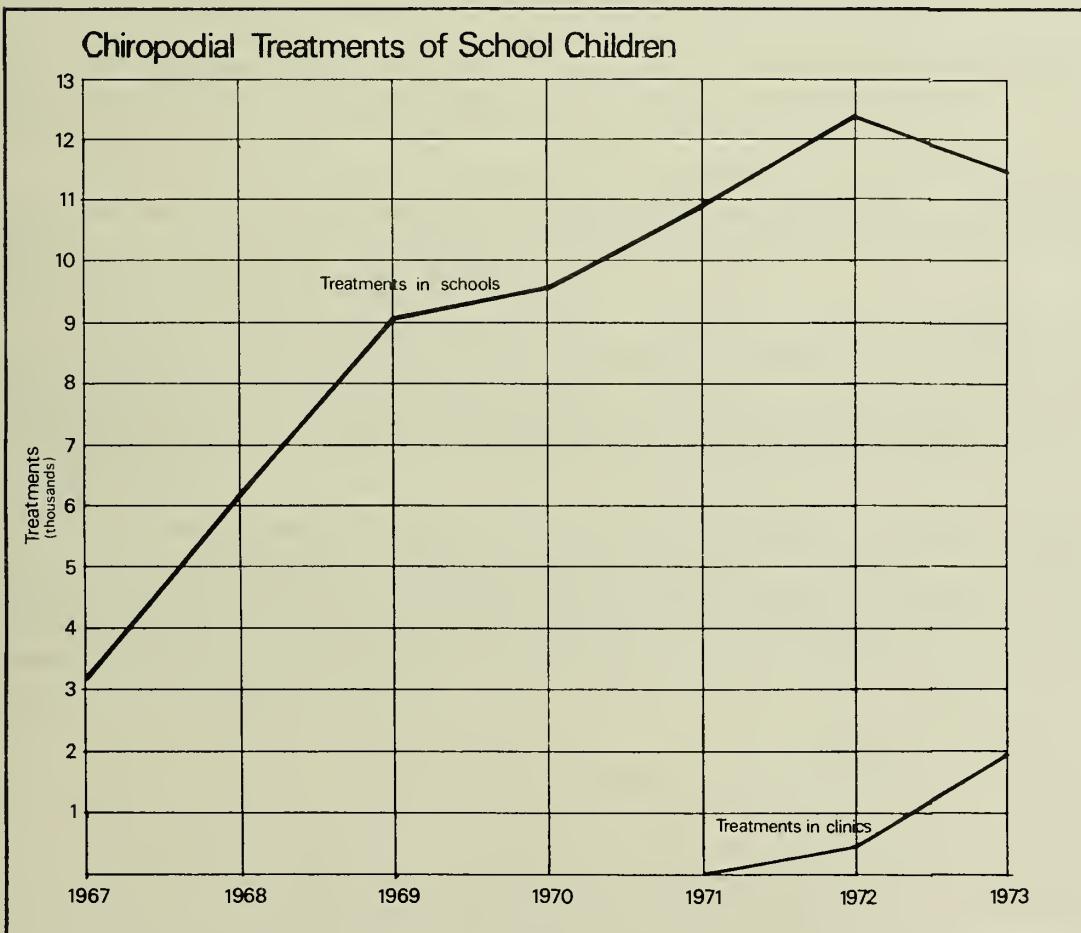
Fifteen speech therapy students came to Buckinghamshire from three of the Speech Therapy Training Schools in London. Some came each day for two or three weeks, others once a week for a term. Forty-seven medical students were given a brief indication of the work of a speech therapist during their visits to Buckinghamshire. A one-day course was given to schoolgirls from schools in the Aylesbury area and 14 other schoolgirls went to various speech clinics in the county during 1973 to gain an insight into the work of a speech therapist.

Lectures or talks on various aspects of speech therapy were given during 1973 to parent-teacher associations, mothers' clubs, young wives' clubs, nurses, health visitors and speech therapy students. A total of 31 lectures or talks was given by local authority speech therapists during 1973.

SCHOOL CHIROPODY SERVICE

Mr. J. D. Idris-Evans, County Chiropodist, has submitted the following report:—

“The gradual expansion of the school chiropody service has continued despite an acute shortage of chiropodists. Nearly every secondary school has been visited by a member of the chiropody staff on a weekly basis. However, because of staff shortage and their geographical locations, it has not been possible to undertake such visits to primary schools. The development of central school clinics has therefore continued where the emphasis has been on treatment for primary school children. These clinics now operate at The Rye, High Wycombe; Pebble Lane, Aylesbury; Water Eaton and Whalley Drive, Bletchley and also in Wolverton. Plans are well in hand to open a further clinic at Germain Street, Chesham. Because of this increased cover the number of treatments in these clinics has increased from 500 in 1972 to 1,938 in 1973. There has been a slight drop in the number of treatments in secondary schools, mainly due to staff shortage, the figure for the year being 11,478. The overall number of treatments for schoolchildren has risen by 714 to 13,436. The graph shows the development over the last 6 years:—



All the area chiropodists have co-operated in foot health education programmes in their areas and talks have been given to many parent groups. In October a one-day seminar on Foot Health was held at the Teachers' Centre, Chesham for school matrons and teachers. This was very successful and more are planned for the coming year in other centres.

The staff shortage has prevented us from instituting regular foot inspections in primary schools. Nevertheless such inspections have been arranged when specifically requested by head teachers or school medical officers.

The incidence of ill-fitting childrens' footwear continues to cause great concern and there can be no doubt that far too many shoe retailers only pay "lip-service" to shoe fitting".

CHILD GUIDANCE SERVICE

Details of referrals and waiting lists are as follows:—

	<i>Clinic</i>					<i>High</i>	<i>Total</i>
	<i>Aylesbury</i>	<i>Bletchley</i>	<i>Chesham</i>	<i>Wycombe</i>	<i>Slough</i>		
Number of children—							
on waiting list 1st January . .	44	45	13	82	25	209	
newly referred during the year	96	120	90	223	255	784	
on waiting list 31st December	15	51	17	60	23	166	

The comments which follow are based upon reports submitted by the consultant psychiatrists in charge of the various clinics.

Premises have been provided at Chesham for the Educational Therapy Unit, whose work is geared predominantly to psychological concepts rather than formal educative techniques. Twenty one children now attend, the majority for one day weekly while attending their own schools. The age range is from 5–15 years. In the new premises this unit has quickly built up to near-maximum numbers, which confirms the demand for the service in the division. The present accommodation is temporary but new purpose-built premises have been designed and approved. Unfortunately it is understood that the building has been postponed until 1975, but when the permanent accommodation becomes available it will be possible to give consideration to further developments in this important field of the clinic's function.

A peripatetic remedial teacher has been appointed to the Chesham area. It is hoped that remedial teaching will become increasingly available since it is frequently found that excessive educational difficulties bring severe psychological problems that can themselves only be effectively tackled in conjunction with the necessary function of remedial education.

The Chesham clinic has been fortunate in having had a psychiatric registrar, kindly made available by St. John's Hospital, Stone. The value of this situation, both to the registrar in need of child guidance experience and to the clinic receiving his services, has been considerable. It is hoped that it will be possible for this system to continue. During the past year the lack of room facilities here has limited the extent of this aspect of the service, but when the clinic moves into the new health centre at Amersham adequate room will be available.

The preventive and diagnostic therapeutic services contained in last years report have continued at the Slough clinic and a new area of activity is that a psychotherapist at the clinic is now involved in running two nurture groups, one in an infant and one in a junior school on a twice weekly basis. The children in the groups are from families who themselves are emotionally deprived and the aim is partly compensatory and partly therapeutic to give them stimulation and nurture which they are lacking. This is still in the early stages but promises well.

HEALTH EDUCATION

This year, as in previous years, the staff of the Health Department played an important role in health education programmes within schools.

One thousand six hundred and forty two such sessions were conducted with schoolchildren generally, when the principal person involved was a member of the Health Department. Considerably more sessions are of course conducted by the staff of the schools, as part of an on-going programme, linked project work, or lessons relating to the subjects under consideration.

Some 268 sessions were also held, on matters relating to health, by the department staff with students following some specific course of study.

Once again many courses were arranged with the object of assisting the teachers, at all levels, and with student teachers, to play their essential part in health education programmes. There is a steadily increasing need to integrate such subjects in the schools syllabuses, and the health education section see one of their most important functions as supporting teachers in this role.

Much good work has been carried out in partnership with the Education Department during the past years, and it is to be hoped that following reorganisation support will be forthcoming to help such fruitful co-operation to carry on.

SCHOOL DENTAL SERVICE

Report by C. H. Griffiths, Principal School Dental Officer

The work and scope of the school dental service continued to increase during the year, and the number of dental staff employed by the local authority at the end of 1973 is the highest ever attained.

The development of new methods of preventive dentistry led to the carrying out of more treatments of a preventive nature than had been possible previously. Fluoridation of the water supply in one area and the considerable programme of dental health education, were also important factors in the concept of "prevention".

A two-year study on the effectiveness of a topical fluoride varnish was commenced in the Chesham area in association with colleagues from the Eastman Dental Institute, University of London, under the direction of Professor G. B. Winter and Dr. J. Murray. It is hoped this measure will prove useful in protecting teeth against decay.

The new surgeries in the health centres at Water Eaton and Burnham have provided important additions to the services for the new communities in these areas, and the four mobile dental caravans have been in use throughout the year.

The annual two-day course for forty students from the Royal Dental Hospital once again proved to be a success and the study in South Bucks with staff from this hospital continued. In the High Wycombe area a new concept in the dental treatment of the handicapped child was initiated the mobile dental caravan being used to take the treatment to the children at two schools in the area. The success of this measure has led to further exploration of this type of provision of dental services to similar priority groups in other parts of the county.

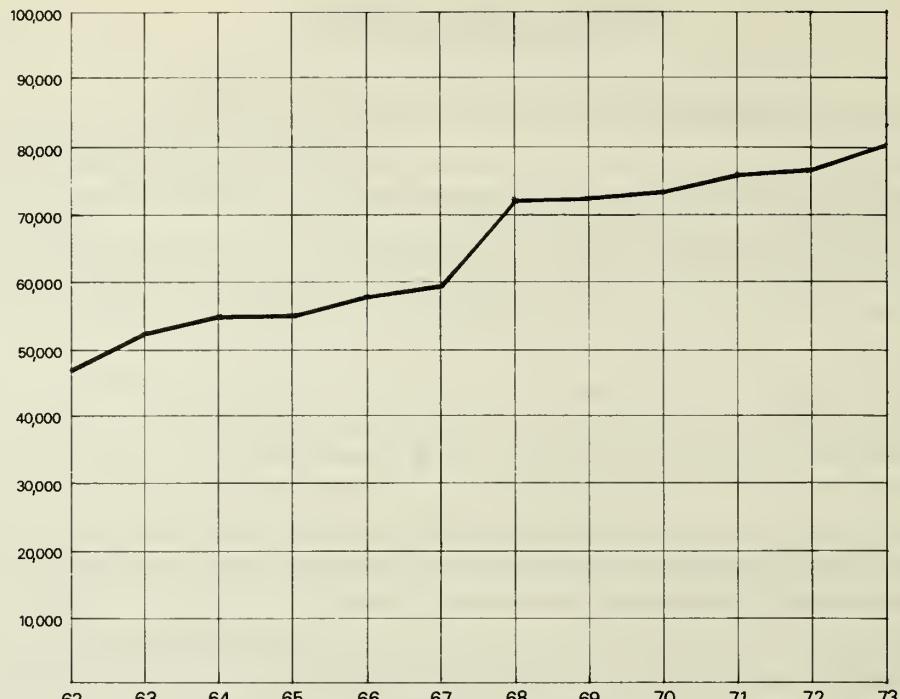
The statistics of inspection and treatment provided during the year show that it was possible to inspect over 80,000 children and the number of courses of treatment commenced, and completed, were the highest ever achieved. The number of fillings, both of permanent and deciduous teeth, and the number of teeth extracted also show an increase on previous figures.

The orthodontic service continued to develop, and eight of the dental officers, in addition to the County Orthodontist, carried out treatment for a large number of patients in the county's clinics.

The dental condition of the children of the county appears, from the inspections, to be on the whole good, and better than in many areas of the country. Though the service needs more dental staff, the response by patients to the preventive measures now being developed, augurs well for the future.

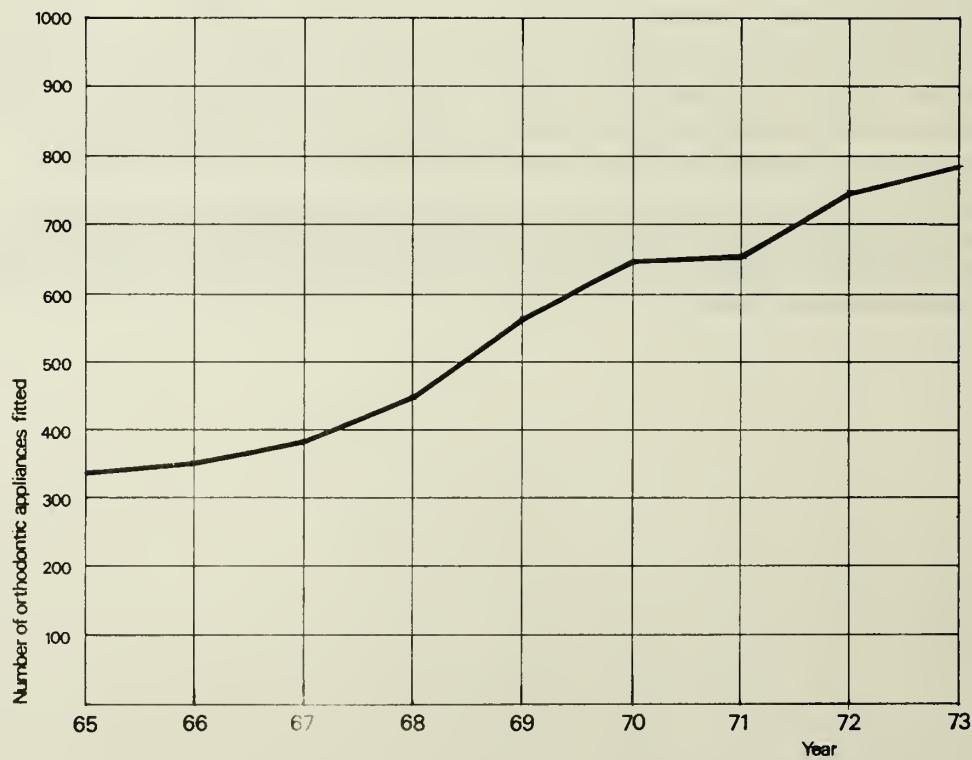
With the advent of a unified health service in April, 1974 it is hoped that the dental needs of the county will be carefully studied and in all three branches of the dental service, the resources of hospital, local authority and general practitioner services will be used to the best advantage to provide a truly comprehensive dental service for the area.

Dental Inspections



Total number of children inspected 1962—1973

Growth of Orthodontic Service 1965—1973



STATISTICS

INSPECTIONS

	<i>Inspected</i>	<i>Number of pupils Requiring treatment</i>	<i>Offered Treatment</i>
First inspection—school	67,419	32,033	26,781
First inspection—clinic	6,460		
Re-inspection—school or clinic	6,422	4,874	4,874
Total ..	<u>80,301</u>	<u>36,907</u>	<u>31,655</u>

VISITS FOR TREATMENT

			Age		
		5-9	10-14	15 and over	Total
First visit in the year	..	..	5,688	5,120	1,398
Subsequent visits ..	..	..	11,299	12,725	3,600
		Total ..	16,987	17,845	4,998
					39,830

COURSES OF TREATMENT

Additional courses commenced	..	..	1,945	1,746	518	4,209
Total courses commenced	..	..	7,633	6,866	1,916	16,415
Courses completed	..	..	—	—	—	14,440

TREATMENT

Fillings in permanent teeth	..	..	..	6,282	14,068	5,717	26,067
Fillings in deciduous teeth	..	..	..	10,920	1,086	—	12,006
Permanent teeth filled	..	..	..	4,841	11,531	4,411	20,783
Deciduous teeth filled	..	..	..	9,146	1,050	—	10,196
Permanent teeth extracted	..	..	..	379	2,192	583	3,154
Deciduous teeth extracted	..	..	..	5,373	2,524	—	7,897
General anaesthetics	..	..	..	1,002	620	71	1,693
Emergencies	..	..	..	639	368	96	1,103
Number of pupils X-rayed	..	..	..	..	..	..	2,248
Prophylaxis	..	..	..	..	..	..	6,857
Teeth otherwise conserved	..	..	..	..	..	..	3,590
Teeth root filled	..	..	..	..	..	..	80
Inlays	..	..	..	..	..	..	4
Crowns	..	..	..	..	..	..	42
Topical Fluoride Treatments (No. of patients treated)	..	..	..	..	..	..	578

ORTHODONTICS

Number of removal appliances fitted	782
Cases referred to hospital orthodontists	14
(These figures include all orthodontic treatment carried out by the County Orthodontist and dental officers)	

DENTURES

Number of pupils fitted with dentures for the first time:	Age			Total
	5-9	10-14	15 and over	
(a) with full denture -	-	-	2	2
(b) with other dentures 4	22	22	48	
Number of dentures supplied (first or subsequent time) 4	23	26	53	

SESSIONS

Number of clinical sessions worked in the year

	School service			Maternal & child health service			
	Administrative sessions	Inspection at school	Treatment	Dental health education	Treatment	Dental health education	
				Total		Total	
Dental officers	547	694	5,576	14	283	4	7,118
Dental auxiliaries	-	-	840	88	80	4	1,012
Dental hygienists	-	-	-	-	-	-	-
Total	547	694	6,416	102	363	8	8,130

OTHER MATTERS

1. School meals

The County Catering and School Meals Adviser has submitted the following report:—

“Census for Autumn 1973

(a) MEALS		<i>For a day in October 1973</i>
Pupils present	...	105,077
Taking School Dinners	...	73,729 (70.2%)
Meals provided free	...	4,111 (3.9%)
(b) MILK		<i>Present</i>
Maintained Primary (On age grounds)		27,452
Maintained Special (Includes First, Middle & Secondary)	...	1,384
Maintained Schools (On health grounds)	...	223
		<i>Taking Milk</i>
		24,832
		1,300
		223

NOTE: There are 7 schools which offer milk on payment and at these schools 210 children buy their milk.

Every school in the county is catered for by either a kitchen or dining centre, with the exception of Moulsoe County First, which has no requirement. There are 347 school kitchens and 74 additional dining centres in Buckinghamshire.

With the continued rise in the cost of food, more children are having a school meal each day as the value for money element is greater, and there are fewer children bringing sandwiches.

There are some staffing difficulties in certain areas of the county”.

2. Milk in schools

Mr. G. L. Davis, the Chief Inspector, reporting on the milk-in-schools scheme, states:—

“Supplies of milk to schools under the milk-in-schools scheme continue to be supervised as in previous years. All sources of supply are approved by the Principal School Medical Officer, and are tested for quality, cleanliness, adequate heat treatment, and disease infection where necessary.

Pasteurised milk is now supplied to all schools. Sixty-eight samples have been checked both for efficient pasteurisation and quality, and all were satisfactory.

There were two complaints during the year. One concerned milk supplied in a cracked bottle

and the other a bottle containing a drinking straw. The cracked bottle had been damaged in transit after being filled and the drinking straw which was wedged across the inside should have been removed during normal cleaning. The same dairy company was responsible for both complaints and a severe caution was given”.

3. School swimming pools

There are now over 100 school swimming pools operating within the county, and this means that considerable maintenance and supervision is required to ensure that they are a healthy amenity, and not a health hazard.

The necessary advice, and routine bacteriological pool water sampling, was carried out by the County Health Inspector, and the district public health inspectors. It is of vital importance that following reorganisation on 1st April 1974, such a supervisory service is maintained to ensure high standards of swimming pool hygiene.

MEDICAL INSPECTION AND TREATMENT

TABLE I
PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination
		Satisfactory	Unsatisfactory	
		No.	No.	
(1)	(2)	(3)	(4)	(5)
1969 and later	650	648	2	—
1968	5679	5665	14	—
1967	3158	3148	10	—
1966	313	311	2	—
1965	167	166	1	—
1964	130	130	—	—
1963	647	645	2	973
1962	1773	1771	2	2665
1961	573	572	1	960
1960	58	58	—	28
1959	332	332	—	1033
1958 and earlier	1396	1395	1	4165
TOTAL	14876	14841	35	9824

TABLE II
OTHER INSPECTIONS

Number of special Inspections	1,752
Number of Re-inspections	8,024
TOTAL	9,776

TABLE III
INFESTATION

TABLE IV
HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS
APPROVED UNDER SECTION 56 OF THE EDUCATION ACT, 1944
OR BOARDING IN BOARDING HOMES

As at 25th January, 1974		Blind (1)	Partially Sighted (2)	Deaf (3)	Partially Hearing (4)	Physically Handicapped (5)	Delicate (6)	Maladjusted (7)	E.S.N. (8)	Epileptic (9)	Speech Defects (10)	Autistic (11)	TOTAL (12)
No. awaiting placement		1	2	1	1	6	4	53	222	1	—	—	291
No. attending special schools, etc.	Day	—	5	3	62	59	—	10	1,410	—	—	1	1,550
	Boarding	5	8	17	19	38	19	192	311	10	2	2	623
No. being educated in special groups, homes etc.		—	—	—	—	4	2	32	—	—	—	—	38
No. being educated at home		—	1	—	—	15	—	15	3	—	—	—	34
TOTAL		6	16	21	82	122	25	302	1,946	11	2	3	2,536
No. newly assessed during 1973		1	1	—	10	35	10	93	243	5	2	—	400

TABLE V
SCHOOL CLINICS
as at December, 1973

	<i>Sessions</i>									
Child Guidance:										
Whalley Drive Clinic, Bletchley	4 sessions per week	
Walton House, Walton Street, Aylesbury	5 "	" "
The Grange, Amersham Hill, High Wycombe	9 "	" "
School Clinic, Germain Street, Chesham	4 "	" "
Health Clinic, Burlington Road, Slough	10 "	" "
Dental:										
Health Centre, Fern Grove, Water Eaton	10 sessions per week	
Verney Close Clinic, Buckingham	4 "	" "
School Clinic, 122 Church Street, Wolverton	3 "	" "
Whalley Drive Clinic, Bletchley	22 "	" "
Quarrendon Clinic, Lay Road, Aylesbury	4 "	" "
Pebble Lane, Aylesbury	12 "	" "
Municipal Health Clinic, Abbey Way, High Wycombe	34 "	" "
Castlefield Health Clinic, Chiltern Avenue, High Wycombe	4 "	" "
Health Clinic, Victoria Road, Marlow	4 "	" "
School Clinic, Germain Street, Chesham	12 "	" "
Ambulance Station, Chiltern Avenue, Amersham	8 "	" "
Health Clinic, Burlington Road, Slough	28 "	" "
Wexham Court Clinic, Knolton Way, Slough	6 "	" "
Health Clinic, Parlaunt Park, Langley, Slough	6 "	" "
Health Clinic, Wentworth Avenue, Britwell Estate, Slough	4 "	" "
Health Centre, Minnicroft Road, Burnham	3 "	" "
Ophthalmic:										
Health Clinic, Burlington Road, Slough	2 sessions per week	
Speech Therapy:										
H.V. Office, Ouse Bank, Stony Stratford	2 sessions per week	
Olney Church Hall	1 "	" "
Health Clinic, Stony Stratford	1 "	" "
Whalley Drive Clinic, Bletchley	3 "	" "
Health Centre, 122 Church Street, Wolverton	1 "	" "
Health Centre, Avenue Road, Winslow	2 "	" "
Flat 1, Verney Close, Buckingham	2 "	" "
Health Centre, Fern Grove, Water Eaton	3 "	" "
224 Queensway, Bletchley	4 "	" "
Health Centre, Jansel Square, Aylesbury	1 "	" "
Quarrendon Clinic, Lay Road, Aylesbury	3 "	" "
Walton House, Walton Street, Aylesbury	2 "	" "
Tindal Hospital, Aylesbury	1 "	" "
Health Centre, Wendover	2 "	" "
Health Centre, Haddenham	2 "	" "
Village Hall, Wing	2 "	" "
The Grange, Amersham Hill, High Wycombe	10 "	" "
Health Clinic, Victoria Road, Marlow	1 "	" "
St. John's Ambulance Hall, Beaconsfield	2 "	" "
19 Chesham Road, Amersham	10 "	" "
Teachers Centre, White Hill, Chesham	4 "	" "
Castlefield Health Clinic, High Wycombe	2 "	" "
Health Centre, Stokenchurch	2 "	" "
Language Unit, High Wycombe	3 "	" "
Health Clinic, Britwell Estate, Slough	1 "	" "
Health Clinic, Burlington Road, Slough	8 "	" "
Health Clinic, Parlaunt Park, Langley, Slough	3 "	" "
Health Clinic, Wexham Court Estate, Slough	1 "	" "
Vaccination and Immunisation:										
Municipal Health Clinic, High Wycombe	1 session per week	
Enuresis:										
53 High Street, Amersham	1 session per month	
Chiropody:										
Pebble Lane Clinic, Aylesbury	1 session per week	

